

Medical Economics

The Business Magazine of the Medical Profession



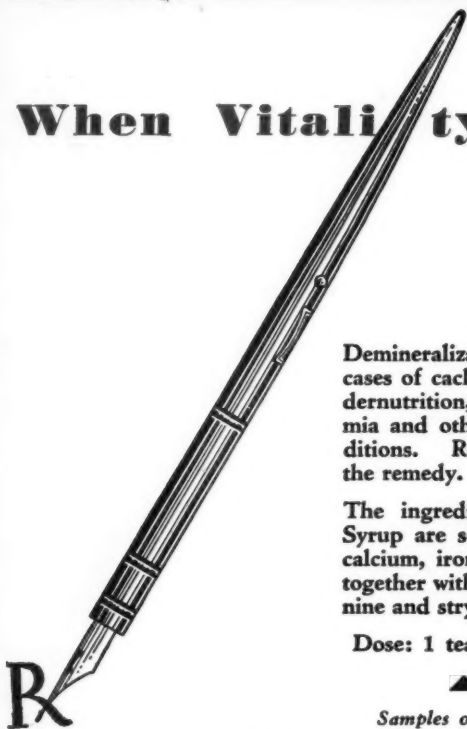
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MEDICAL ECONOMICS

The Business Magazine of the Medical Profession

NOVEMBER, 1931 • VOL. 9, No. 2

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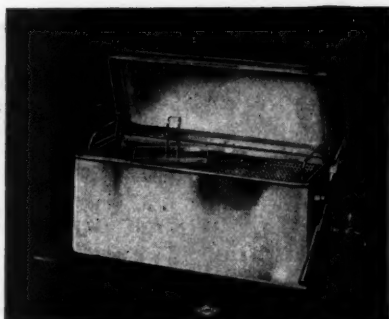
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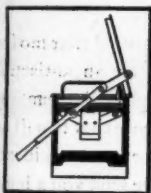
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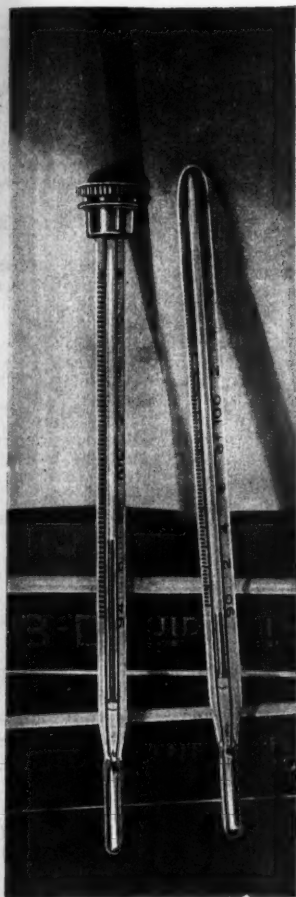
Few laymen ever realize how dependent they are upon the "good" microbes, even to the making of their bread with yeasts. Fortunately they *have* learned to guard themselves against the microbes or germs of disease.

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Speaking Frankly

Spectacular

TO THE EDITOR:

I always enjoy MEDICAL ECONOMICS, and read with special interest Dr. Waring's article "The Medical It". I was disappointed that he only stated a condition and didn't suggest a remedy. The article merely hopes for a remedy to come through medical education.

If there is any medical school striving to solve the problem I'd like to have the name and address. All he says is only too true, but who knows what to do about it? Is there anything which can be taught or which can be learned but by experience?

Some of us might join every club in town and not add to our practice thereby and some of us have a revulsion at chasing the call of an accident. A young man told me with glee recently that he had a friend who rushes to the phone every time there is an accident at the plant, and then rushes to the scene to beat the physician who is supposed to care for the work.

Of course this type of man will all but force many timid souls to use him as their physician and he'll inevitably be talked of and inevitably have a practice. Personally I don't want practice that badly.

When times were normal, I surpassed the average income as given in your recent survey, but, like some others, I believe it is too high. Mine has receded a great deal since about one year ago.

The only thing that we poor souls who do not possess the "Medical It" can do, is to show an intense interest in every one

and be alert and on the job. We can never hope to carry away the beans like our "Medical It" friends. We are just not made that way and while we may arrive at the goal, it will not be by any spectacular means.

M. O. R.

Specific

TO THE EDITOR:

I have just read Mr. Rukeyser's article in your September number. I cannot see how that article helps a doctor or anyone else except a trained man in the investment business. It is like telling a patient with a headache to go to a drug store. A pill, a powder, a liquid, etc., may help him—let him help himself. Mr. Rukeyser is a well trained man. Why does he not be specific, and mention the names of companies, rather than generalities? For example, the last part of the article. D. R. MacCarroll, M.D.

Specialist

TO THE EDITOR:

My experiences are different than those of the author of the article "The G. P. Vanishing—Don't Ask Why." I have discontinued calling into consultation nerve specialists because they can do no more for the patient than the G. P.

If a very wealthy patient needs to go "doctor shopping", the neurologist is O.K.; otherwise my experience with neurologists leads me to believe that I do not need them. There is also a sneaking desire within me to graduate the dermatologists in the same class.

Specialists have been very helpful to me. They rarely take my patients away, and often help me to acquire more. They often impart valuable knowledge so that on another similar occasion there is no need to call them.

I always try my best to get a good fair fee for the specialist

and collect promptly for them, but in an indigent case, I let them promptly know there is no money in it, and I have as yet to meet the specialist who will refuse a free consultation. The G. P. must bear in mind that the specialist has high expenses which must be earned.

My remedy for G. P.'s, while different, is very simple. Try more and more to make your own diagnosis; do as much of your own laboratory work as you can do and study up to do which you can't. For very special knowledge like tissue diagnosis use the specialist; let the G. U. man do the nephrectomy, but do your own urethral dilatation and circumcision. Let the surgeon do the appendectomy but make your own diagnosis.

Should any specialist treat me as the author, I would not again call him into consultation. Moreover, no patient could ever prevail upon me to call a specialist for an opinion where the patient presented himself to the specialist without my advice.

I am not afraid of losing a patient, especially the kind the author refers to—who go to the specialist of their own accord.

It not infrequently happens that I do not follow the specialist's advice—for the good of the patient. As I go along in my work I find it to my advantage to lose undesirable patients. I detach myself from dead-beats by suing them for services, and from those who have no confidence in me by high fees, or frankly telling them not to call me for what they think is a light case indicating to them they cannot judge the gravity of a case, and to call someone they respect more in the first place.

If I fail to make a diagnosis, I frankly say so to the patient and lose very little work on that account. On the other hand, even if no diagnosis is at hand a prognosis usually is.

J. Stein, M.D.

48 Hours

TO THE EDITOR:

I am very glad to find your splendid magazine in the mail. Usually all work stops and the magazine is read from cover to cover, one article after another just as they come. That done the advertisements are read and coupons clipped for samples. It is never more than 48 hours until everything has been read and noted. My state journal usually goes unread after ten minutes spent glancing through the various articles.

As tribute to its universal appeal my wife, a busy woman, always manages to read several of the articles before it passes on with the old newspapers to the cellar.

Best wishes for the continued success of MEDICAL ECONOMICS.

W. M. F.

Gambling

TO THE EDITOR:

I read some article of interest in each number of MEDICAL ECONOMICS as it comes to my desk and I think one of the most interesting and sanest articles that I have read for some time is the one in the last issue by Floyd W. Parsons, "Everybody's Business."

If the recommendations made by this author could be made a part of our basic laws it would mean the safety and protection of millions of people. I think it is a wonderful analysis of the awful gambling carried under the respectable heading of the New York Stock Exchange.

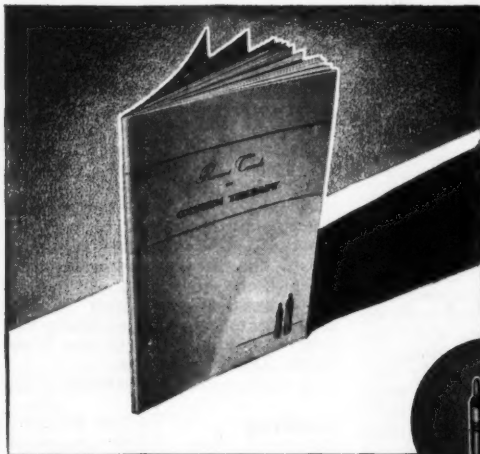
E. E. Barbour, M.D.

Lacking

TO THE EDITOR:

After a man has been in the active practice of medicine five years he should take a careful survey of his position and try to find out just where he is lacking—for he is certainly not perfect, though he may be better than some others. Even if he is convinced that he is better, he should continue the survey and endeavor to [TURN TO PAGE 129]

Modern OXYGEN THERAPY

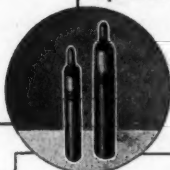


A NEW BOOKLET on this important subject has just been published, and a copy will be sent to any interested physician who desires to know the current status of this work. This 36-page booklet describes some of the work done at leading hospitals, in the words of physicians whose clinical investigations have brought modern oxygen therapy to its present development.

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MEDICAL ECONOMICS

The Business Magazine of the Medical Profession

Corporate!

A LEGAL SLANT ON ONE WORD
THAT IS MAKING M. D.'S SEE RED

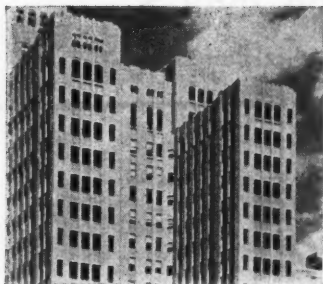
By Carl Scheffel, M. D., LL. B.

WITHOUT the least equivocation, it may be stated at the outset that excepting under rarely occurring circumstances, corporations cannot lawfully practice medicine anywhere in the United States. Moreover, this statement holds true whether a corporation happens to be a medical school, a hospital, a clinic, a dispensary, or any other corporate group and irrespective of its attitude toward profit.

The practice of medicine is *any act coming within the interpretation of the so-called medical practice laws of any state*. Unfortunately the terminology of such laws, as well as the clauses therein which exempt various persons from coming within their meaning, are so varied that no blanket definition of the practice of medicine that would adequately apply to every state is possible. However, practicing medicine, according to medical practice acts, is defined all the way from holding one's self out as being capable of practicing medicine, or

merely letting the world know that one is a doctor (without actually doing any act that could logically be interpreted as a deed necessary in the consummation of medical practice as a fact)—to the actual making of a diagnosis or treating physical or mental ills or injuries.

The exceptional circumstance in which any corporation may practice medicine, is the rendering of such emergency service as does not come within the meaning of the practice of medicine in the state in which the corporation does business. It is the opinion of the writer that if the medical profession has any just cause for declaring that corporations practice medicine, it is in connection with the rendering of so-called emergency services. Obviously, too, such activities are mostly indulged in by industrial and other corporations who must give their injured and certain sick employees services under their state Workmen's Compensation Act.



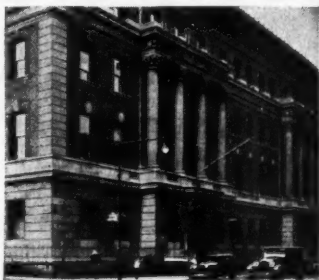
However, even here the fault rests far more with the medical profession itself than it does with the corporations who may in that manner be practicing medicine. Why? Because if organized medicine would spend one-half as much energy in revising the medical practice acts of the various states to clearly define what constitutes emergency and first-aid treatment, so that every secondary treatment would constitute the practice of medicine, as it spends in placing laws on the statute books which have no other practical result than to penalize some members of our profession, then corporations could not even encroach upon the practice of medicine in that respect.

The practice of medicine is not a fundamental right, it is simply a privilege granted by the state to certain persons, not unconditionally, but rather on the terms and conditions that the privilege be not abused. Moreover, inasmuch as corporations are not natural persons capable of meeting the tests imposed upon those who apply for a license to practice medicine, but are construed in law rather as a sort of fictitious person, *the law of not a single state gives its board of medical examiners the authority to grant any corporation a license to practice medicine.*

It logically follows that if a corporation, whether medical school, hospital, clinic, dispen-

sary or whatever name it may go by, does any act coming within the meaning of the medical practice laws of any given state, then that corporation is violating its medical practice act and ought to be as vigorously prosecuted for so doing as is the corner chiropractor when he oversteps his mode of practice.

It may be true that some states have granted to medical schools, hospitals and other corporations,



charters so broad that thereunder these corporations would be permitted to practice medicine. However, due consideration must be given to the fact that the charter right granted to any corporation is secondary and subject to all the laws of a state, so that even if a carelessly granted corporation charter may seemingly permit among its activities the practice of medicine, that activity can nevertheless only then be carried on if and when the corporation complies with the medical practice laws of the state and obtains the requisite license. Manifestly, being only a fictitious person, it cannot so comply.

Then, too, some states have provided so many exemptions in their medical practice acts that it would superficially appear that corporations of a certain kind could lawfully practice medicine. For instance, at least one state exempts the resident physician of a legally chartered hospital from

coming within the meaning of its medical practice act. Some others exempt hospital internes from the provisions of their acts. And, as already pointed out, the definition of what constitutes emergency or first-aid services (which are invariably exempt from the definition of practicing medicine in all states) is so indefinite in some states that corporations may actually practice industrial surgery without technically violating the law.

It seems obvious that no corporation may lawfully practice medicine except by virtue of being able to crawl through some of the loopholes left open for it in the medical practice acts. What actually is happening on an increasingly large scale, however, is not that corporations as corporations are practicing medicine, but rather that certain persons, such as internes, physicians and technicians, while acting as

agents for the corporation which they may own, but in so doing they cannot in any manner delegate the privilege to practice medicine as individuals to the corporation.

A license to practice medicine is absolutely non-transferable, physicians acting for corporations—even the corporation they may entirely own—must practice medicine as agents for (not of) the corporation. A corporation has the right to engage servants or agents to do for its benefit what it cannot lawfully do itself; but any licensed physician cannot delegate to the corporation his privilege to practice medicine.

Probably the two outstanding decisions on this point are: *People vs. Parker Painless Dentist*, Colorado, 275, and *People vs. Medical Service Corporation*, a California case. In both cases corporations were charged with practicing a profession for which special licensure was required, and which licensure could only be given to natural persons subsequent to meeting certain requirements. The fact that one involved dentists, and the other physicians, does not alter the legal fundamentals involved. In both of these cases the courts held that the corporations' acts constituted practicing professions in violation of the law; nor did the defense that they employed licensed practitioners alter the findings. [TURN TO PAGE 137]



employees, servants or agents of such corporations, are in substance enabling them to elude the provisions of the medical practice laws.

You may ask, "What about a corporation practicing medicine if all of its employees or agents are legally licensed M.D.'s?"

Even under those conditions the corporation itself cannot lawfully practice medicine under its corporate name. Licensed physicians may become employees or

"Clauses were placed upon the statute books to be enforced impartially against all . . . whether an incorporated medical college, an incorporated hospital, a clinic or whatnot."

Who is Goat—

T. SWANN HARDING TRIES TO

PHYSICIANS tend to grow somewhat querulous these days. They feel they are criticized both too much and too unjustly. They have done many kind and helpful things for their patients and their communities, and they feel that they have been rewarded by being picked on.

I have personally come in for some share of rebuke from some of them for seeking to document the charges made against physicians and to suggest a way out of these difficulties. The charges are essentially that the cost of treatment exceeds the capacity of the white collar class to pay—about which there can be no dispute; that the quality of the treatment afforded is frequently very poor—as I think I demonstrated quite conclusively with elaborate documentation in my *Fads, Frauds, and Physicians*; and, finally, that physicians tend to be inconsiderate and inhumane, which attitude makes the two earlier charges still more serious.

An elderly lady of my personal acquaintance (in fact she is a close relative by marriage, to my father) afflicted with high blood pressure recently went to one of the finest hospitals in the city of Detroit for a complete examination. The examination was well performed. Nothing organically wrong was discovered. The disturbance was purely functional and she was told that rest, quiet, and a lack of exciting situations would lower her blood pressure.

The charges made were not excessive. The whole procedure was, however, performed with the deadliest of routine boredom seasoned with superciliousness. She



"I believe that a certain amount of very justifiable complaint is made. . . .

was a mere unit, a "case". No one spoke kindly to her or discussed her condition with her. No one reassured her or quelled her fears. So aloof and so offensively inhuman were the doctors and the nurses who saw her, that she became violently angry and on each day left the hospital boiling with rage.

Having had very little ever before to do with physicians, and having never before had to visit a hospital, her contact with one of Detroit's best forced her to conclude that nurses and doctors were inhuman and indecently superior, that hospitals were the bunk, and that she had paid out good money for nothing. So dis-

Patient or Doctor?

STRAIGHTEN OUT THE TANGLE



.... I believe that such complaints are justifiable because alert doctors admit their justice."

turbed was she that her blood pressure actually rose.

Contrast that picture with this. A friend of mine, a good chemist of some parts, had long been afflicted with an irritating backache. A dozen or more physicians had examined him and prescribed, or, as was far more often the case, offered to operate. He happened to know that I knew one of the most brilliant doctors in the country so, when he passed near the famous clinic where that doctor worked, he visited him with a letter of introduction from me. He was greeted as a friend. The doctor, though world famous, was a good fellow.

The examination proceeded in

an atmosphere of friendliness. Little or nothing was disclosed. The doctor jocularly told him that he too could operate and collect \$500 to \$1000 but he didn't need the money; he was working on a salary anyway and would get no part of the fee; the operation would do no good. He then took the chemist home to lunch with him and my friend ultimately left convinced there were some good doctors after all.

Now I am not contending that when the elderly lady mentioned above went to the hospital the entire staff should have lined up and fawned on her. I do not even contend that physicians and nurses, after seeing one sick person upon another for hours and days on end, can greet them as Joe Cook or the Four Marx Brothers would be expected to greet them. I simply contend that the woman could have been made to feel at home, could have been reassured, and could have been handled so skillfully that she would not have jeopardized her life by going into a rage and increasing her blood pressure to an alarming point.

Which reminds me that a study made a very few years ago in a Boston hospital demonstrated that most of the patients who left too soon, or left because discontented or dissatisfied, had been repelled and even frightened by the stolid attitude doctors and nurses preserved towards them. It proved very easy to retain and to satisfy such patients when slight effort was made to cultivate friendly relations between them and the members of the hospital staff.

Just why, in [TURN TO PAGE 81]

Let Us Cease to

EVEN SICKNESS CAN STAND



"This is a plea for you to help the patient, to try to escape for him all the expense that may possibly be avoided. We are not going to hurt ourselves one little bit if we use our good minds and forego some of the expensive tests. Let's have the guts to stand up on our own hind legs, to form our own opinions based on our own findings."

o Pooh Economy!

D FRUGALITY • By Fassett Edwards, M. D.

A COLLEAGUE of mine recently cared for a young woman who had carelessly stepped on some fruit that lay on the sidewalk. High heels are not stable at the best; and this was not the best. Down she went; and some bone popped in her foot. It gave her a sharp pain in the instep, some swelling and inability to use that foot.

Did her physician send her forthwith to an X-ray man, to an orthopedic surgeon or to anyone else? He did not; but by skillful palpation he was readily able to decide that probably there was a broken bone in her foot, without bony displacement.

He strapped the foot, put the lady in bed for ten days, and the injured member promptly got well. The cost was minimal. He had considered his patient's purse.

I'm quite aware of what criticism might be offered concerning this treatment. However, the test of the pudding is chewing the string, you know. One hundred per cent results are good enough for any of us.

It will be admitted by most of my readers that the first and most outstanding duty of the physician is to consider his patient's welfare—by which is meant the patient's physical well-being and financial conservation.

It seems to me that there is very little argument possible over this point, it's so obvious.

There is rampant today what might well be called a veritable fad on the part of American physicians to place their patients within the waiting walls of a hospital. This is done early, late

and often. It is felt that frequently we do this without giving any particular consideration to the financial ability of the patient, whether it will cost him all his little savings as he has laid his money away against the customary rainy day, to meet the hospital charges, which indeed may amount to a goodly sum.

Yes; we ourselves have the hospital habit. We fancy, with some show of reason, that we can give the patient better attention by hospitalizing him.

It is an admitted fact that the physician is enabled to care for his patients who are within hospital walls with more speed and ease (to himself) than would be the case were the same patients at home, scattered over a whole town.

Moreover, we argue to ourselves that the nursing service facilitates the prompt recovery of the patient. With all due respect to all the hospitals, the sick recover or do not notwithstanding and despite nursing attention. There is an inherent something within the sick person that determines his recovery or otherwise. Nursing may make some difference, but it is far from being the whole picture.

I am not arguing for or against the hospital—that's not my purpose. But I do know after some years of active medical practice in general and specialty work that a glorified hospital service is not usually required. Of course there are exceptions one must admit.

It has been estimated that eighty per cent of the ills to which human flesh is heir would

cease to exist without any treatment, or with but the usual household attentions.

Whether this statement be true or false, it does give point to something not readily set aside with a loud, indignant pooh. We as physicians are certainly seeking to save ourselves work—and to some extent responsibility—by sending our patients to hospitals, when as a general rule they do not require such magnified attention nor can they afford it.

Another thing we must consider is that the hospital very often gets the money that the physician should have but does not get. The hospital collects its charge before the patient is allowed to get out of the place. We take what's left, and often that's the pointed end of nothing.

Why not put on the brakes a trifle before we consign Mr. John Citizen to an expense of from \$4 to \$15 a day in a hospital, to say nothing of our own fees? Pause an instant—is it absolutely *necessary* to send him there?

Let's take the case of a patient who earns the rather neat salary of \$75 a week, who has two or three children and a sickly wife. It becomes our duty to save him from perhaps incurring an indebtedness on account of say two weeks in a hospital that will make him save most frugally for at least a year to get his financial head above water. From a humanitarian sense of fairplay we ought to keep him out of the hospital, to prevent him from piling up a load of debt that will swamp him.

When somebody's loved one becomes ill, according to modern custom the hospital instantly jumps up and demands attention. It is our bounden duty at such a time coolly to prevent such people from making fools of themselves. We are calm, self-possessed, even if the others are excited; and our first thought should not be of ourselves. Let's protect the patient from his own folly.

It is readily admitted that in time of illness one does not wish to be stingy. Nor is there any reason for taking that as an occasion to be a blooming idiot. The middle road of discretion, of reasoning thoughtfulness is the one to be taken.

There is no doubt at all that we physicians must do our share to mitigate the load of expense incidental to sickness. And by so doing we will help ourselves financially.

The subject of diagnostic work is another point on which I want to make pungent comment.

As all of us know, very often a case is subjected to an unnecessary amount of diagnostic work, nearly all of which is costly. It is agreed that one must have enough of this kind of work done to enable a suitable diagnosis to be made.

Yet it is my firm belief that half or even more of the many tests that are thought to be necessary are by no means absolutely essential, that the capable physician could arrive at his diagnosis readily with but little testing beyond what he himself could do.

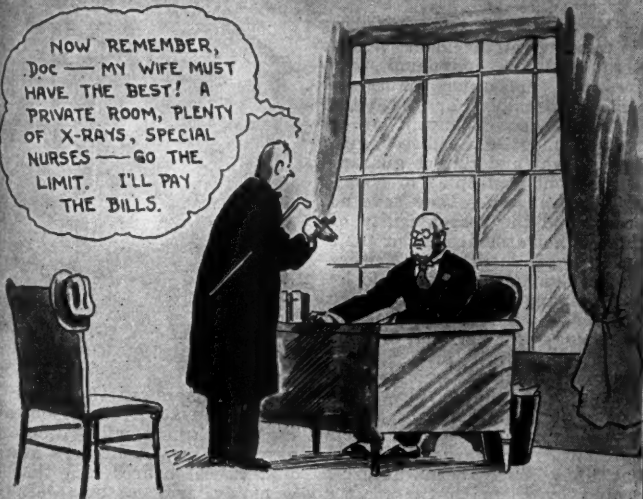
Day by day new tests for this and for that arrive in the medical world. I do not allege that they are not of value; but when a patient staggers into your sanctum sanctorum with a bellyache, due to overmuch food and too little elimination, [TURN TO PAGE 119]

If you want a copy of this or any other in the series of Graham Hunter cartoons printed on cardboard, write Medical Economics, Rutherford, New Jersey, enclosing a two-cent stamp. Tell which month's cartoon you want.

It's an Odd Thing about Medicine

THE PATIENT WHO INSISTS ON THE BEST (and GETS it) —

NOW REMEMBER,
Doc — MY WIFE MUST
HAVE THE BEST! A
PRIVATE ROOM, PLENTY
OF X-RAYS, SPECIAL
NURSES — GO THE
LIMIT. I'LL PAY
THE BILLS.



— IS AMONG THE LOUDEST IN COMPLAINT — LATER!!



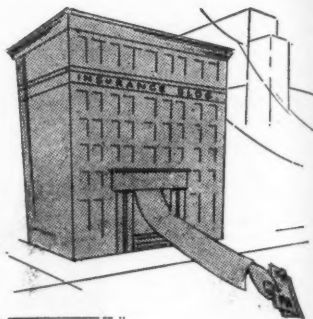
Pinning the Fee in

MY advice to the physician treating an accident victim is to hold the individual who gives him the order for treatment, responsible for the bills. The insurance company, if one is involved, must settle direct with the claimant and cannot guarantee payment of doctor's or hospital bills over which they have no control and the responsibility of which is not assumed under their contract of insurance. Neither can the damages, if any, paid by the company to a claimant be assigned, as the cause of action for damages for personal injuries including medical bills is not legally assignable.

Many, if not most, physicians carry a perpetual grudge against insurance companies and their representatives because they feel that they have been unjustly treated by them in the matter of payments for services given to persons injured. In most instances, the misunderstanding is caused by the fact that the assured fails to realize that his company is only assuming his legal liability.

When he finds that he has made a mistake he may "stall" the doctor by telling him that the company has failed or refuses to pay. The average doctor does not understand the details of Public Liability Insurance and checks up his patient's statements by calling the company's agent, who usually tells him rather bluntly that the company is not interested in his bill. No wonder the physician becomes peeved.

The average physician is not supposed to be entirely familiar with all the numerous phases of the common law pertaining to legal responsibility for accidents. When an injured person is brought to him for attention



these matters rarely occur to him. Frequently, the person causing the injury will voluntarily assume responsibility, stating that he is insured and that his company will assume all expenses. If his legal liability for the accident is unquestionable, this will actually be the case, but in the event there is substantial evidence of contributory negligence on the part of the injured person, or no liability at all, the reverse may be true and the company will then refuse to pay, much to the chagrin of the physician, who is left with an unpaid bill for very necessary services adequately rendered, frequently at considerable inconvenience to himself.

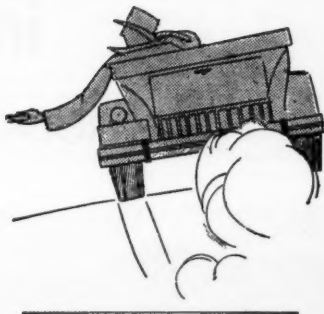
In many instances the person causing the injury is in such a mental state that he is not fit to be the judge as to whether or not he is actually legally liable and, overcome with remorse and sympathy, he generously orders all kinds of services for his victim. In this event he undoubtedly is liable to the doctor for the expenses so authorized whether or not his insurance company agrees to reimburse him and the doctor

the Insurance Case

By W. H. GOODWIN



A "doctor's dilemma"—the victim looks to the owner, who looks to the insurance company, which (if it pays at all) pays the victim. Meanwhile the physician waits.



has a valid claim against him. Too often the physician has taken his word for it that his insurance company will pay all bills and looks to the company instead of to the person actually assuming responsibility for the orders given. Where there is any doubt regarding liability he often waits for a long time for settlement. This is unnecessary and unfair to him.

The Public Liability Policy distinctly states that the assured shall give immediate notice of any and all accidents, no matter how slight, shall assist the company in case of claims in all possible ways (except pecuniary); and shall not voluntarily assume any liability or incur any expense or settle any claim, etc.

If the assured deliberately violates any section of this agreement the company may deny their liability to him and allow him to make his own settlement in the case at his own expense. The reasons for these conditions are obvious. In my own experience I have known an assured to become so flustered that she signed a written admission of guilt and an agreement to pay at the time of [TURN TO PAGE 113]

Site-Hunting in California!

By ROLAND G. BREUER, M. D.



"SPEAKING of moving to California before an Eastern physician is like waving a bundle of dry straw before a donkey. Both procedures cause a jackass to prick up his ears. Both jackasses will be disappointed: one in looking for a glimpse of Paradise, the other in expecting a juicy morsel."

So spoke a disgusted Eastern colleague after reading "So I moved to California." He had come out expecting—the good Lord knows what, and had found but a country with as many drawbacks as the one he had left.

The article causing this out-

burst had been innocently written and came about thiswise. A few months after moving out to California the idea occurred to me that others might be interested in the reactions consequent to the process of pulling up roots in one's native habitat and transplanting them into the nugget-laden soil of the Golden State. There was no idea of propaganda in it, either pro or con, but was intended to be merely a reprint of actual experiences.

When I planted this bit of breezy comment in the mail-slot, little did I think of the whirlwind I should reap. Letters and

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opinions came to me from all over the country. Some were from strangers of whom I had never heard before. Others were from fellow-internes who had become lost when we bade each other goodbye at the hospital door. One from the wind-swept prairies of North Dakota told the story of a faithful healer who had served humanity well and so long that he no longer had

strength to plow the mud and buck the drift, and who was timidly inquiring as to the chances of finding some little sun-bathed haven wherein to spend his last days in peace. Another from Tennessee, from a physician who had built a fine practise in a nice city, but to whom the distant grass was greener. One from a Colorado practitioner who had come to California, been

"No place in the United States has everything favorable to medical practice . . . and no place is so full of physicians that another cannot come in and get his share. If you have already built a substantial practice and have a solid following, be it in Texas or Alaska, you had better stick there until you are ready to retire. Then, if you wish, come to California and retire."

disappointed, and had returned full of bitterness. And many others, most of which expressed or implied the hope that there were still available other little California towns where life and practice would be easy after many strenuous years.

Among all of these letters and messages two were outstanding. One was short and terse: "Dear Doctor: I read your 'So I moved, etc. I think you are crazy.—A Milwaukee M. D.'" The other was in the form of an article which intimated that as a finder of California locations I was either extremely lucky or not particularly addicted to the golden trait of strict adherence to cold, scientific fact.

With the first message I agree—utterly and unequivocally. With the second I also agree—in part. The main point of my disagreement with it is that, while every word of it is true as far as it goes, it presents only one side of the question—the shadow and not the sunshine. So the purpose of this present paper is to supplement, not to question. Also to make it clear that, while there are places aplenty

awaiting the man who wishes to come in, be he young or old, *he who does so must begin at the very bottom and rebuild his practice through the years—just as he would in any other state or locality.* Which is "not so hot" for one nearing the sunset slope of life.

Personalities, of course, vary. What is one man's meat may be another man's poison. That fickle hag, Fate, is very erratic in the distribution of her largesse, sometimes passing a worthy candidate by to favor some underserving poltroon who does not appreciate her munificence when he does receive it. Be that as it may, this is not to be a psycho-analytic inquiry into the fair dame's whims, but merely the record of one physician's experiences in seeking a location on the Golden Strand, namely my own. To begin:

In 1920, as my internship in one of the large hospitals in San Francisco was drawing to a close, I cast about for a likely place to set up. The lead came through one of my chiefs, and took me to the seat of a county that bordered on San

Pablo Bay. It was a beautiful little community with a background of rolling hills; many of its peaceful streets were bordered with tall, broad-leaved palms. The leading physician and surgeon, who had more work than he could attend to, was seeking a younger assistant to

[TURN TO
PAGE 95]



This is the house referred to by the author as Location No. 1, on the shores of San Pablo Bay. This came near being Easy Street—but Fate intervened.

State Medicine—Again

AN ANSWER TO MY CRITICS

By GILBERT W. HAIGH, M. D.

IN the May issue of MEDICAL ECONOMICS, I propounded the advantages of a complete system of State Medicine and Surgery of the United States Navy.

This proposed service was originally outlined in the June 11, 1925 number of the *Boston Medical and Surgical Journal*, now the *New England Journal of Medicine*, in the essay, "How Medicine Can Best Serve." Subsequently it was described in the February issue of the *North American Review* under the title, "State Medicine: Boon or Bogy."

That such a radical proposition has aroused opposition from many sources is quite natural, since with the exception of the medical service of the Canal Zone there is nothing comparable to it in civilian life. In this article I shall undertake to refute the various antagonistic arguments offered by writers, editors, and also the speakers opposing the bill embodying the scheme at the hearings before the Massachusetts legislative committee on State Administration.

The commonest objection to this plan is that it would destroy individual initiative. Why, then, do the medical officers of the Navy as well as those of the Army and The Federal Public Health Service, all recruited from representative graduates in

In publishing this and other articles pleading for State Medicine, MEDICAL ECONOMICS wants it understood that it does not sponsor editorially their arguments.

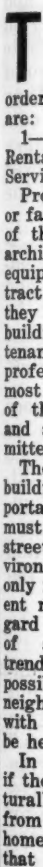
As a matter of fact, MEDICAL ECONOMICS is for the independent physician first, last, and always—or at least until it can be proven by trial in this country that public and profession would benefit by State Medicine.

medicine receive readier recognition by the American Medical Association and the American College of Physicians than civilian doctors? Why did our representatives in Congress vote themselves the privileges of these services? Surely they were not so foolish or so stupid to have sought them simply because they were gratuitous.

During the World War the Naval Medical Corps was not so swamped with recruits as the Army's, and hence functioned more smoothly. Observant civilian practitioners respected the regular Naval officers for their interest in scientific medicine and marveled at the organization, itself, which overcame the disadvantages of the sudden influx of temporary medical officers untrained in cooperative medicine and eager to resume their private practices.

Though civilian doctors may justly claim much credit for the accomplishments of both the Navy and the Army Medical Corps during the war, their efforts would have been fruitless but for the [TURN TO PAGE 121]

In



If any of your funds are invested in such a project or are to be so invested, study this diagram carefully with the idea of determining the safety of your investment.

Investment

STUDY THESE SAFETY FACTORS

By F. E. MORGAN

THE factors that control the development of a building for physicians and dentists are five in number. In the order of their importance they are:

1—Personnel; 2—Location; 3—Rental; 4—Architecture; and 5—Service.

Professional buildings succeed or fail according to the character of their tenancy. Splendor of architecture and perfection of equipment are not enough to attract physicians and dentists—they will not take offices in a building whose owners accept tenants of any but the highest professional standing. They are most exacting, too, in the matter of the laboratories, pharmacies and supply houses that are admitted.

The placing of a professional building is conditioned by transportation and environment. There must be easy access afoot, by street car and automobile. Environment must be studied not only from the standpoint of present neighbors but also with regard to the future development of a locality. Neighborhood trends must be estimated, and the possibility that a particular neighborhood may lose "caste" with the passage of years must be held in mind.

In general it may be said that if the arteries of travel flow naturally toward a given location from the districts where the best homes of the city are established, that location will be as desirable

for a professional building as it is for the smartest shops.

Determination of proper rental charges is a delicate process. Somewhere between the maximum and minimum charges prevalent in any given section there is an average rental that will satisfy owner and tenant. To strike this average calls for a nice balance between costs and economies. Obviously land value, cost of construction and the standard of service or upkeep are in one scale, but these are offset by proper building design, proper planning of individual suites, and efficiency of building management.

The building as a unit must express its purpose in the language of architectural art, and must be responsive to its purpose in design and structure. Inside and out it must possess dignity and restrained beauty of ornament and finish. There is great importance in the placing of columns, window openings, lobbies, corridors and elevator shafts, since these factors have a special bearing on floor plans and on the securing of maximum light from all exposures.

The individual suite involves questions of partitions, cabinets, plumbing and electrical requirements. It is necessary to learn the general requirements of physicians and dentists, and always consult individual needs. The tenant knows fairly well in advance just where in the building he desires to [TURN TO PAGE 144]

Like an Army

THE medical profession is losing more than an interesting figure with the disappearance of the old-time family doctor—it is losing a symbol. That symbol was the personal embodiment of protection, relief, and sympathy.

When the community doctor died, and people young and old flocked to his door in reverent sorrow, they were paying tribute not to the man alone, but to the profession of which he was the symbol. The good will they bore his memory flowed beyond the confines of his musty office, beyond the valley in which he spent his years of duty—flowed beyond and beyond, diffusing itself over the medical profession at large.

Perhaps the family doctor, as he was, is obsolete. Perhaps, compared beside the modern clinic—with its internist, radiologist, and surgeon—he does look inadequate. But he stood for something which even the simplest villager could understand, and that something was human kindness.

No symbol has yet appeared to replace him. Scientific discoveries, Medical Center cornerstones, hospital endowments—these do not attract good will. They are important, yes—but their importance remains uninterpreted to the public. That, more than anything else, explains the loss of loyalty and lack of appreciation which we so loudly bewail.

Dr. C. Jeff Miller, as he retires from the presidency of the American College of Surgeons, says: "I confess that a rather unworthy suspicion has crossed my mind that it is perhaps easier for our traducers to gain a hearing than it has been for our defenders."

Bigger forces have been at work than Dr. Miller perhaps realizes. Call these forces progress, scientific advancement, or any other name—they have resulted in the mass destruction of good will. This, rather than a

without a Flag

deliberate conspiracy on the part of American publishers to bait the medical profession, is responsible for the predominance of lay criticism. The American press is quick to sense the trend of public opinion, and, in the absence of good will, it has allowed minor inefficiencies and inadequacies to become magnified.

But our major inadequacy has apparently gone unnoticed. That is our failure to substitute a new symbol upon which to re-sell medicine to the public. What that symbol shall be is hard to say. Seemingly, the leaders of organized medicine have nothing to suggest. One thing is sure—it must be something more human than a caduceus. May it not, after all, be a message consistently publicized, a voice in which the entire regular medical profession will join? Whatever it is, it must soon appear or medicine, as a professional entity, will cease to exist from sheer lack of its Vitamin A—good will.

Do not mistake this as simply another plea for health publicity (though that subject has been discussed and rediscussed for the past several years in these pages). Rather this is a plea to the leaders of organized medicine to extend their vision beyond the immediate objects in the foreground—state medicine, lay criticism, and unpaid bills—and to try to get the broader economic picture. They should cease to blame the public for what the public cannot help, and should exert some practical effort toward re-establishing a vital bond between public feeling and the medical profession.

It is not enough to serve; we must make our service evident. We must have a symbol to take the place of the faded family doctor.

H Sheridan Oskatel

I Collect 88.4%

AND THIS IS THE METHOD

COLLECTING is a very practical necessity to the private practice of medicine, and the collecting must be done in a practical way.

I am going to present to you my own system in all of its details, worked out bit by bit over twenty-five years. While not perfect it has approached as closely to what I have considered possible in accomplishing results, as I think it can. During a year of depression, 1930, collections were 88.4% of work done.

For the physician who has not a secretary, the letters and methods would have to be modified. But it does make it easier if one has a secretary; it is a great convenience to be able to refer the patient to someone else, with the statement that you have nothing to do with the financial affairs of your office, that your own time is devoted entirely to trying to help your patients back to health.

When the new patient comes for examination, which in our work runs over several days and includes history, complete physical examination, laboratory tests, gastro-intestinal X-ray study and perhaps special examinations, the following routine is carried out.

After I have taken the history and made the physical and determined what other examinations are necessary, my secretary gives the appointment for the next day with directions and then says, "I would like to ask you a few questions for my record."

She produces a blank on which

are printed the following questions:

NAME:
BUSINESS ADDRESS:
HOME ADDRESS:
NAME OF HUSBAND OR WIFE:
PERSON RESPONSIBLE FOR BILL:
NAME OF EMPLOYER:
MEMBER OF FIRM OR EMPLOYEE:
MONTHLY STATEMENT DESIRED OR CASH OR SPECIAL ARRANGEMENT?

Few patients have expressed any surprise or displeasure at being asked these business-like questions in a courteous way. In establishing credit anywhere else even more would be asked them.

The moral effect is good. A definite start toward collecting for services to be rendered has been made. Many state that they will pay cash who otherwise would not. Some wish to pay each month and others are frank in saying that they will have to budget the account. All feel that it is definitely expected that they pay as able, and most of the people keep their agreement.

After the patient's departure the Physicians Credit Bureau is called and inquiry is made as to whether there is anything listed against the credit of that person. If not, we feel justified in extending credit. If several physicians are already owed, the likelihood is that we shall be added to the

% without Offense

By J. RUSSELL VERBRYCKE, M. D.

list if the matter is not called to the patient's attention the next morning.

On the first of each month every patient receives a statement of account. Note that it is not a bill in the usual form.

Dr. J. Russell Verbrycke, Jr.
The Rochambeau
Washington, D. C.

ACCOUNT OF.....
THE AMOUNT OF YOUR AC-
COUNT FOR SERVICES TO
THE DATE OF.....
IS

RECEIVED PAYMENT,

Cancelled check will serve as a
receipt unless the latter is
requested.

Subsequently statements are sent each month. If no attention has been paid to three statements a series of letters is started. The first letter follows:

In going over Dr. Verbrycke's books, I find that there is a balance of \$ against your account. Statements of account are sent to each patient monthly and accounts are due when rendered. Individual circumstances at times make it necessary to defer payment for a time or to pay in monthly installments but after several statements have been sent it becomes necessary to ask each who are in arrears to either make some arrangements for settlement or to let me know if there is any reason why payment can not be made at this time.

Thanking you for the courtesy of a reply, I am

Very truly yours,
Secretary.

Fifteen days is allowed and if there has been no response letter Number Two follows.

Several days ago I wrote you regarding your account with Dr. Verbrycke, but I have not received any reply and feel certain that you must have unintentionally neglected to answer.

Will you not please reply now before you forget?

Thanking you, I am
Very truly yours,
Secretary.

It is to be noted that these letters are signed by the secretary and even though they are very mild I know nothing about the matter.

On the occasion of the third letter a little more pressure can be used.

I have twice written you concerning your overdue account. I do not want to think that you are willfully neglecting this important matter, but will be forced to assume this attitude if you leave this unanswered. If there is any reason why you cannot settle at this time please advise me.

Very truly yours,
Secretary.

The letters are becoming more pointed. The patient has not had the courtesy to reply so that no longer do we need to be afraid of hurting feelings. Here is Number Four:

[TURN THE PAGE]

INFORMATION CONCERNING ACCOUNTS

THE MODERN DOCTOR HAS DEFINITE OVERHEAD EXPENSES IN THE CONDUCT OF HIS PROFESSION.

IN ORDER TO PROVIDE THE BEST EQUIPMENT AND SERVICES IT IS NECESSARY THAT STATEMENTS OF ACCOUNT BE RENDERED MONTHLY. ACCOUNTS ARE PAYABLE WHEN RENDERED. IF THERE IS REASON WHY AN ACCOUNT CAN NOT BE LIQUIDATED IN FULL DEFINITE ARRANGEMENT FOR PAYMENT IN INSTALLMENTS SHOULD BE MADE WITH THE BOOKKEEPER.

ITEMS OF ACCOUNT MAY BE SEEN AT OFFICE.

REDUCTION FROM THE USUAL FEE IS SOMETIMES NECESSITATED BY CIRCUMSTANCES. WHEN A DISCOUNT IS MADE HOWEVER IT IS SUBJECT TO EARLY SETTLEMENT OR REGULAR MONTHLY PAYMENTS OR BECOMES AUTOMATICALLY WITHDRAWN.

CANCELLED CHECKS WILL SERVE AS A RECEIPT UNLESS THE LATTER IS REQUESTED.

On the first of the month, each patient receives a statement of account, accompanied by the printed slip reproduced above. The effect of the fourth paragraph is to eliminate the discount if there is difficulty collecting the bill.

The doctor told me when I first took charge of his books to always give the patient the benefit of the doubt. We have made it a rule to do this, assuming that everyone wants to settle his just bills, but when the courtesy of a reply to several letters is denied, we regretfully assume that the patient does not intend to pay.

It will be necessary, therefore, to turn this account over to our attorney unless some arrangement is made at this time.

Very truly yours,

Secretary.

It is surprising how many answer these letters, sometimes the first but sometimes not until the fourth. If no answer has come at all, the patient is definitely hard-boiled, so that he then receives Form Letter A of the Credit Bureau. If he does not respond to that his account is turned over to the Bureau for listing and collection.

THE PHYSICIANS CREDIT BUREAU, INC.

Washington Medical Building
1801 Eye Street

Dear

Your account in the amount of \$ has been overdue for some time and I have not received answer to the statements sent.

You may not be aware that Physicians of this City have organized their own Credit Bureau. I hope you will not force me to turn your name in to this Bureau. I am giving you the opportunity of one week to make satisfactory settlement and thus protect your credit with the profession.

Very truly yours,

Member Physicians Credit Bureau, Inc.

There are other form letters which we use to meet certain occasions. If a promise has been made for a payment at some future time letter Number Nine fits the case. [TURN TO PAGE 117]

the cluttered desk

MORE and more, medical meetings are taking on an atmosphere of economics—a phenomenon which shows that physicians are at last taking some initiative in shaping the profession's destiny. Here, for example, was the program for discussion at a special Councilor District Meeting in New Jersey:

1. Legislation to secure liens for physicians in accident case judgments.
2. Accrediting of members of the societies for special practice.
3. Regulation of all types of contract practice.
4. Supervision of Public Health Nursing.
5. Publicity.
6. Regulation of free medical services.
7. Policy for continued diphtheria immunization by private physicians, school and health boards.
8. Pre-school examinations.

Professional buildings have come to offer tenants practically every kind of service short of supplying the patients themselves. One new building under way in Pittsburgh is to provide a community mechanic for keeping equipment in shape, a community grinder for maintaining edges on scalpels, and a community nursery for patient's children, all this without extra charge to the tenant. How long will it be before some far-sighted promoter works out a scheme for a community accounting department? This would do the book-keeping, order supplies, keep the doctors straightened out on their income taxes, collect the bills, and in general render the business service which the average physician needs but is not often able to get.

Carrying the idea out, why

couldn't the really up-to-date professional building put on a small-scale health educational program? It might be objected that this would imply that the doctor-tenants of that particular building were professionally superior to others in the community. Naturally this advantage wouldn't be as unfair as it seems, for the general freshening of interest in things medical in the community, would reach every physician, tenant or not.

At any rate it would be a spectacular service, and somebody will probably try it sooner or later.

•
An Indiana physician clips a card to his third statement, reading:

"It certainly is true that most people are as desirous of paying their physician as promptly as they pay other obligations. The difficulty is that they plan on paying the entire bill at one time.

"Unfortunately that is sometimes impossible to do. It is for this reason that I am sending you this card and will appreciate it if you will use it to make weekly payments on your account of \$_____."

The reverse side of the card contains six columns, divided into date and amount.

The patient is requested to return the card with each payment, and a self-addressed envelope makes it easy for the patient to do this.

•
Doctors and druggists are no longer the only ones keeping evening hours. A grocery chain out west stays open until 10 o'clock every night in the week, including Sunday. Unlike doctors, the staffs work in two shifts.

•
21% of the undergraduate body of the College of the City of New York voted medicine their field of choice. That still leaves a majority of 79% to be patients.

H. S. S.

Everybody's Business

By FLOYD W. PARSONS

OUR bankers do not appear to have a clear understanding of public relations. They have failed to realize the seriousness of a condition that has resulted in 9 million people in the United States in ten years having \$2 billion of their money tied up in deposits. Even in our last year of record-breaking prosperity nearly 700 American banks failed.

Never have business men been more displeased with the banks. Congress can go ahead with the job of rectifying the deficiencies in our present banking system without meeting any strong opposition on the part of the public.

The present bank panic is the worst in history. For quite some time the withdrawals have been running at the rate of about \$40 million a week. It is estimated that more than a billion dollars in gold and currency have been hidden away in vaults and other secret places.

If something should suddenly happen to revive public confidence and restore this huge amount of money to circulation, the banks would have more than ten billions of dollars of credit available for immediate use. In case of an artificial boom in trade and industry, neither the banks nor the Federal Reserve would have machinery available to stop a dangerous inflation.

Dr. Virgil Jordan, noted economist of *The Business Week*, believes that there is really no help for the banking situation except through action by Congress. He asserts that legislation should be enacted at the earliest moment to bring practically all of our banks under the control of the Federal Reserve.

Today we have two distinct banking groups. The first is made up of the members of the Federal Reserve System and the second comprises non-members. This second group operates in a way to greatly handicap and reduce the efficiency of the larger institutions.

Practically all of our banks do an interstate business and therefore are subject to government control. If these institutions, large and small, were made members of the Federal Reserve, it would then be comparatively easy for the government to guarantee all member banks and in this way safeguard deposits.

Many bankers want to be free to engage in semi-speculative practices, and these men will bitterly



Photo by Ewing Galloway

HOARDING VERSUS SAVINGS

Here is a glimpse of Britain's money factory. Shillings are being weighed into 100-pound bags, the value of the pile being 10,000 pounds.

contest all efforts to bring their institutions under strict government supervision. Such opposition, even without public support, may delay banking reform.

Instead of the constructive action that is needed immediately, we will probably have widespread Congressional investigations of current banking methods, accompanied by exposures that will further destroy public confidence.

The hoarding of money has gone so far that the Federal Reserve is helpless to soften the dire effects of present barbaric methods in the one line of business that should be a national example of wise, honest, constructive and courageous action. But eventually there will be com-

plete Federal control of our banking industry. No reform is more urgently necessary today than safety for savings.

The failure of the war against unemployment has brought many people to a state of virtual hopelessness. Defeat is acknowledged, and thousands are planning to abdicate to charity.

The editor of the *Engineering*

News Record points out that our country's construction needs exist in prodigious volume. The nation's annual budget of public works construction approaches \$3,500,000,000. He estimates that the doubling of this total for construction work for a year would provide a job for every seeker.

More than 2 million miles of roads in the United States still want improvement from the dirt-road stage. Reasonable modernization of but half that mileage within a year would enlist the service of every unemployed worker. But such intensive use of a single source of employment is not necessary. Cities and towns can make available a vast amount of urgent work such as street



ACHIEVEMENT

From its beginning the firm of John Wyeth & Brother inaugurated many advances in pharmaceutical manufacture. The first achievement of this kind was the preparation—in palatable form—of such bitter drugs as Quinine, Gentian, Rhubarb, etc. From this idea the widely used Wyeth Elixirs were developed

The firm also pioneered the introduction of compressed tablets, a palatable cod liver oil, compressed medicinal lozenges, effervescent salts, glycerine suppositories, etc.

The pioneering spirit still exists in the Wyeth organization. The original armamentarium of mortar and pestle, scales and percolator has been supplemented by instruments of precision—the cymograph, the ultra-microscope and the potentiometer to insure accuracy and uniformity.

New products are being added, new processes are in the course of development, more stringent safeguards are being enforced. On official products the U. S. P. and N. F. standards will be strictly observed. On unofficial products our even more exacting self-imposed standards will be the safeguard of physician, pharmacist and patient.

JOHN WYETH & BROTHER, INC.

PHILADELPHIA & MONTREAL

Boston, Mass.

New York City Chicago, Ill.

Cincinnati, Ohio Denver, Colo.

Kansas City, Mo. New Orleans, La.

Portland, Ore. San Francisco, Cal.

Saint Paul, Minn. Los Angeles, Cal.



widening and paving, improvement of public buildings, sewer and water modernization and the general bettering of medieval conditions.

The larger part of such emergency work would come from the states and local communities. Federal construction need form no more than a tenth of the public works budget. Tens of thousands of idle hands will be required to merely safeguard, reconstruct and render decently habitable the notoriously unfit institutional buildings throughout the land.

The difficulties in doing away with unemployment are considerable, but we lack neither the money nor ability to organize practical relief quickly. Many believe that the way to finance such a construction program is through the ability of the Federal government to market bonds. Far greater loans were sold to the public during the war.

This is the safest and quickest way to tap the huge accumulation of idle investment funds. Of course, there is the immediate objection that any such program would mean higher taxes. But higher taxes for a time would not be a serious difficulty if incomes were increased in equal or greater proportions. It is no burden to people to pay more if they get more.

Instead of science receiving condemnation as the author of most of the ills that surround us, it should be regarded as a vitally important instrumentality that has been used badly. Gunpowder may be used to quarry stone for needed buildings, but it also may be employed to rain missiles of death upon a helpless population.

Dr. John Dewey is professor of philosophy at Columbia University. He points out the unfairness of blaming science when selfish individuals use some of our amazing mechanical devices to gain power over others instead of to create happiness and

satisfy enduring human needs.

Dr. Dewey declares that science is the most powerful agency for good or evil that mankind has ever known, and that our only ultimate problem is the use which we will make of it. It is a force that cannot stand still, and yet cannot go on as it has been going.

The current depression has clearly disclosed that science must face a new responsibility. It must save us from being overwhelmed by the accidental and unplanned operation of our thousands of automatons. It must show us the way to use our tools and techniques in a more impersonal manner. It must modernize government and politics and give us control of developments in every sphere of social life, international as well as domestic. In brief, it must enable us to achieve direction of physical forces for social ends.

Dr. Dewey warns that we must quickly work out a method for thinking scientifically and effectively about our social needs, problems, means and consequences, even though to do so we may have to scrap outworn catchphrases and slogans and eliminate the sinister exhibitions of egoism which stand in the way.

The ultimate issue of all this is not between individualism and socialism, nor capitalism and communism, but between the confused inaction that results from undisciplined thinking, and the really constructive action that comes from careful and scientific planning.

It is to science we must look for better methods in government and banking as well as better machines in industry. Science gave us our mechanical age. Now it must show us how to live in safety and comfort under this system. It must show us how to eliminate the evils of destructive speculation and how to create a permanent stability in the economic world.

Post-Influenza Cases

When the temperature goes down to normal and the infection of influenza has spent its force, there follows a period of depressed vitality and lowered resistance which is often far more dangerous than the disease itself.

ESKAY'S NEURO PHOSPHATES

is of tried therapeutic value in shortening the "danger period" after influenza and la grippe. It improves the appetite, helps the patient to build up his own resistance, and restores him to normalcy in the shortest possible time.

Eight and Sixteen Ounce Bottles

SMITH, KLINE & FRENCH
LABORATORIES

105 North 5th Street

Philadelphia, Pa.

Established 1841

Itemize!

"FOR PROFESSIONAL SERVICES" IS NOT ALWAYS SUFFICIENT

By Hall Johnston

IT would be interesting to know the history and development of the present standardized form of statement which all patients now receive from their doctors. My memory, which is a bit hazy, should go back twenty-five or thirty years. Not so many years ago most statement blanks contained a line at the bottom reading something like this:

THE ITEMS COMPRISING
THIS STATEMENT MAY
BE INSPECTED AT THE
DOCTOR'S OFFICE.

I am wondering whether, prior to that, statements may not have read something like this:

7 VISITS (TOMMY)
4 VISITS (LUCILE)
(MEASLES) \$15.00

I am a layman, and would not presume to give advice to physicians as to how bills should be rendered. I can, however, tell the doctor something about how his statements are received by the layman, and since the layman is the fellow who pays the bill, this becomes a very important bit of information. The doctor who can fathom patient reaction ought to have little difficulty in solving all of his own problems.

Let us take a typical case. In Washington there are 75,000 government clerks, all steadily employed, at moderate salaries. All Washington doctors get most of their patients from the families of Uncle Sam's employees.

Fees are pretty well standardized. Recently a government lawyer had occasion to consult his physician concerning his seven-year-old daughter, and was referred to a throat specialist. The specialist advised the usual tonsil-adenoid operation, which was successfully performed.

This being a very common operation, many members of the group in which the father worked had had experience with it in their own families. In the discussions in this group prior to the operation it was disclosed that nearly every prominent operator in town had at some time served members of the group, and that the charge for the operation was almost uniform—\$50 for the operation itself. Hospital and incidental charges varied.

The father concluded that it would be unnecessary to consult the specialist in advance as to fee, so certain was he that the fee was standardized. Two weeks after the operation was performed he received the specialist's bill. It was for \$70.

The father was shocked. It was not that the extra \$20 meant so much. He was simply shocked to think that he had been singled out for what looked like a deliberate gouge on the part of the doctor. He went over the entire transaction in his mind. He recalled a \$12 charge on his hospital bill for the anesthetist, another for laboratory tests, medicines,

NOT only a **LUBRICANT...**

AN ABSORBENT OF INTESTINAL TOXINS

A high grade mineral oil is of recognized value in constipation. Its softening, lubricating action is to be preferred to the drastic action of harsh purgatives.

But a high grade mineral oil, such as Puretest, does something more than merely lubricate. It acts as an absorbent of intestinal toxins.

In a series of special tests Puretest Mineral Oil was shown to have a marked capacity for absorbing Indol, Skatol, Histamine and other decomposition products of proteids in the intestinal tract.

These are the products which cause headache, lassitude and the general disturbance known as auto-intoxication in cases of constipation.

Puretest Mineral Oil is crystal clear and absolutely without taste or odor. Its high viscosity and specific gravity (.885 to .895 at 25° C) insure a maximum of penetration and softening, lubricating action. It is entirely anthracene-free.

You can get Puretest Mineral Oil at any Liggett or Rexall Drug Store. We will gladly send you samples for your own tests.



Puretest **Mineral Oil Russian Type**

UNITED DRUG CO.

Boston, Mass. - St. Louis, Mo.

etc., and he could not account for what he considered to be an added charge.

Of course the same group that discussed the affair prior to the operation discussed it now. The gouging charge was made public. That is one thing the doctor can depend on. In this case, practically every member of the group was as shocked as the father had been. The specialist was known to some of them, and his friends were reluctant to believe that a man of such high standing would be guilty of deliberate overcharging.

"How many times did you see him?" finally asked one of his more thoughtful associates.

"Only once prior to the operation, in a visit to his office," replied the father, "and he made one call at the hospital on the day of the operation. Two weeks later we took the patient again to his office for a brief inspection. That was all."

"How long were you in his office the first time," persisted the inquirer, "and what did he say to you?"

The father did not at once answer. Something rose up before him, and smote him squarely between the eyes. It was almost as though he had really been struck a knock-out blow. He was the last man in the world to want to do anyone an injustice, especially his doctor. How could he have overlooked such a vital matter?

The statement he had received did not say that "items might be inspected at the doctor's office." Nevertheless he hurried to the office of the specialist and asked the smiling and efficient secretary if he might know the items making up the bill. A card was instantly produced. The charge for the operation was \$50.

What had this father overlooked? He had merely forgotten that his child had been deaf in one ear for several years, and that the deafness was really re-

sponsible for the consultation. He had forgotten that the single visit to the specialist's office had extended into most of the afternoon, during which exhaustive tests with many interesting instruments were made, occupying the time of both the doctor and his assistant, while many patients waited in the reception room.

He had forgotten what the doctor had said about the condition of the ear, and the necessity for certain treatment during the years to follow. The excitement attending the operation and the rapid recovery proved just a little too much of a tax on the memory box.

In this case, he did what he could to correct the impression that a doctor had gouged him for 40 per cent of his fee. But much of the damage had been done. The point I wish to make is this: Had the statement read

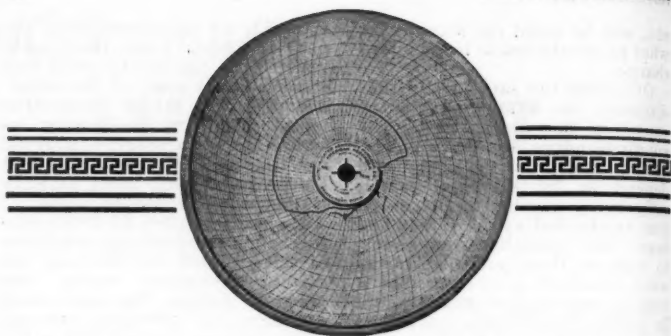
TONSILLECTOMY	\$50.
CONSULTATION (EAR)	\$20.

there would have been no shocked father, and the discussion following the operation would have all been entirely favorable to the specialist.

Another custom in which the general practitioner frequently suffers, is that of rendering statements a considerable time after the service has been given. While there is really no excuse for rendering statements irregularly, many physicians still indulge in the practice, creating further misunderstanding. Even when bills are rendered monthly, mothers simply cannot remember what service has been rendered by the doctor. The bill comes three or four weeks after the calls have been made.

"Here's a bill for \$22 from my doctor," said a lady to me the other day, "and he hasn't been near the place but once this spring. Imagine, \$22 for a single call!"

"That does look a bit steep,"



The curve of a "perfect boil"

WE are not speaking of the back of the neck—but of the important process of making thousands of yards of absorbent gauze daily, yet having the one particular yard which you are to use in a dressing scientifically PERFECT in every respect.

To this end automatic, infallible checkups must replace human "trial and error."

The graph at the top of this page is a "Kier" chart. Under the eyes of experienced operators a stylus traces on this chart the entire progress of the "boil" which is the critical manufacturing operation.

On file in the Bay Plant at Versailles are thousands of "perfect boils." And on the shelves of dealers everywhere are millions of yards of perfect Bay Gauze—the result of scientific precision in manufacture.



THE BAY COMPANY BRIDGEPORT, CONNECTICUT

THE BAY COMPANY, BRIDGEPORT, CONN.

M.E. 11

Gentlemen: Kindly send me a free sample of BAY'S SURGICAL GAUZE.

Doctor.....

Street & Number.....

City..... State.....

Surgical Dealer.....

I replied, "You haven't been over to see him, have you?"

"Oh, my dear!" she giggled, as I appropriately blushed, "I had completely forgotten it. My mother visited us last month, and we made two or three professional calls for her. I asked the doctor to charge it to us. And, do you know, Robert fell from his bicycle and we thought he fractured a bone in his arm. I believe the doctor took an X-ray. He was at the doctor's office two or three times. I had forgotten that, too. Really, the bill seems very reasonable, doesn't it? I must see that it is paid at once."

O Me, O My! What problems the doctors have when they must deal with lay patients. The little statement now in vogue reading simply

**FOR PROFESSIONAL
SERVICES RENDERED.**

looks very professional and dignified. It is short, and looks harmless. *And yet it may carry with it the doctor's professional reputation.*

I have said that I would not presume to advise the doctor, and yet I cannot refrain from offering a layman's suggestion. I would not abandon the professional looking statement. I would give my secretary a few rules to follow. The first one would, of course, be that statements be

sent to all patients promptly on the first of every month. Then I should insist that when service to more than one individual is covered in the same statement, the names and amounts charged to each be clearly set out—father, mother, Sammy, Susie and the baby. Needless to say, where service is for a guest or relative, the statement should show it.

Then I think I should go a bit further, and entrust my secretary with some discretion. When, in her judgment, a statement might prove confusing, or where the multiplicity of items indicate a likelihood that the patient may have trouble in figuring it out, I would have her itemize the account. I would remind her of the fact that the person who pays the bill is frequently not the one for whom the service is rendered, and that he should be given some adequate idea of what it is all about.

After all, there is or should be nothing about a doctor's bill that need remain a deep secret. The physician has nothing to hide in the phrase "For professional service rendered." Modern business demands a complete knowledge of the transaction by all parties to it. Folks who pay bills are accustomed to knowing what they are paying for.

The bill for medical or surgical services should, I believe, fairly advise them.

Dentist must also be M. D.

FRANCE is thinking of adopting the law, already in force in Italy and several other countries of Europe, that a dentist must have a medical degree before being allowed to practice.

If the proposal becomes a law, exemption will probably be allowed to dentists now in practice and dental students now in training. One suggestion is that the act remain passive for a period of five years before enforcement begins.

Thinking of the Patient First of His Disease Afterwards

The first aim of medical attention is to relieve suffering and disability. That is why in rheumatic affections the relief of pain and the restoration of normal function are paramount.

ATOPHAN relieves the pain and the congestion that aggravates it. It reduces fever. This makes massage, passive motion, application of heat and other physiotherapeutic measures possible, and thereby materially contributes not only to the comfort of the patient but to the ultimate result of the treatment.

Atophan

IN RHEUMATOID AFFECTIONS

Atophan is the original Phenylcinchoninic Acid.

Trial supply gladly sent on request.

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White House Cases

By FREDERICK A. FENNING

THE National Capital is a Mecca for men and women laboring under mental disorders. Other persons visit Washington because of the many and varied interests centering at the Seat of Government. The mental patients who journey to that city go to see the President. Ofttimes they are encouraged to make the trip by replies received to letters they have addressed to the Chief Executive.

It has long been the practice of the White House clerical force to acknowledge receipt of every communication written in respectful tone. A man who has a delusional belief respecting the Army, for example, writes to the President setting forth his views, usually at length and in minute detail. A few days later there comes to him a reply written on official stationery and saying in few words that the letter has been referred to the Secretary of War.

It is easy for the writer to believe that the President himself has become interested and is in turn interesting one of his cabinet officers. However, nothing seems to come of the matter and the newspapers fail to report that the President has been in communication with Joan Doe, of Blankville, so Mr. Doe determines to quietly slip down to Washington for a personal talk.

It may be that this John Doe is a paranoic with the fixed and positive delusions of such persons. From other parts of the country other John Does and Mary Does plan similar trips to the National Capital. Some are of the manic depressive type,

guided by sudden and urgent desire to get their troubles before the President; others are prae-cox patients with half-baked ideas as to how the Government should be run; a few are senile dementia cases rather uncertain and indefinite but harboring a vague idea that they want to talk with the Chief Executive.

Employees at the White House are experienced in dealing with these visitors. As soon as it develops that the caller is unbalanced, or indeed if that condition is suspected, he is invited to sit down and while one or more of the watch force or secret service men engage him in conversation, another telephones the Washington health department.

Sergeant Phillips, of the police force, who has only recently gone on the retired roll, was for many years assigned to respond to such calls. The sergeant possessed the happy faculty of getting along with mental patients. Many a day he has gone to the White House and with no show of force persuaded disturbed and deluded men and women to accompany him for a ride.

If possible, these unfortunates are promptly returned to their homes, but not always by any means can friends and relatives be located. In such instances, commitment proceedings must be instituted in the Supreme Court of the District of Columbia. As the cases are heard in open Court, the records of that tribunal contain many a story of the hopes and aspirations of those who traveled to Washington to see the President.

[TURN THE PAGE]



Analyzing Tablets

(Fifth of a series of advertisements on the making of tablets.)

EVEN though great care is used in every step of tablet making—weighing of materials, mixing, granulating, drying and compressing—and each step is checked, still Breon is not content. The finished product is analyzed for verification that the right amount of drugs are present and that the tablet disintegrates in a reasonable length of time.

During the last two years, Breon Tablets have received the same painstaking attention that Breon ampoule solutions are known for.

GEORGE A. BREON & CO.

Pioneer makers of sterile solutions

Kansas City, Mo.

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319 W. 50th St.

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2050 N. New Hampshire

SEATTLE, 6035 Eighth Avenue, N. E.

Izzy J—— was one of these. His grievance was that although he had gone to Camp Devens to "enlist as a captain", he had been mustered in as a private, required to serve as such, and finally received a discharge as a private. For several months he had corresponded with the War Department seeking to have the discharge certificate corrected.

Failing in the effort he decided upon a novel method which seemed to insure his obtaining justice. If he should be appointed Secretary of War, he figured that he could then approve his own application for a captain's discharge. He journeyed to Washington to ask the President to place him at the head of the War Department. Izzy could not see the President but he told his story to the Court, and when a jurymen inquired what experience he had had which would qualify him for a cabinet post Izzy promptly replied that he had been in the secondhand jewelry business.

A California woman, of the litigious paranoic type, endeavored to have the late Representative Julius Kahn intercede in her behalf in a suit which she was prosecuting. The Congressman—although one of the most obliging men who ever served a constituency in the Halls of Congress—could not see his way clear to accommodate her. One morning she arrived at the White House to urge that the Chief Executive forthwith mandamus her Congressman requiring him to show cause why he should not lend her his assistance.

From an Indiana town there came to the White House a lady of middle age who announced that she was there to marry President Wilson. Quite frankly she explained that the President had passed her house disguised as a peddler, and pausing at her gate for a few minutes had re-

vealed that he was the President and wanted her to be his bride. Shortly thereafter she saw newspaper announcements that President Wilson was about to marry Mrs. Galt. Naturally she hastened to Washington—where she remained until relatives returned her to their home.

One of the most vigorous and excited individuals ever to attempt to see the President was Herman K——. This man was dressed for the occasion, wearing black Prince Albert coat, striped trousers and silk hat. Of unusually large physique, laboring under mental stress, he was perspiring freely on the summer day when he appeared at the White House and informed a doorkeeper that he wanted to confer with the President about moving all Government buildings to Chicago. When taken to Court a couple of weeks later he failed to remove the silk hat when the judge mounted the bench.

"Take off your hat," the bailiff ordered.

"Go jump in the lake," was the patient's prompt rejoinder.

The presiding judge, the late Ashley M. Gould, was an exceedingly practical man. Motioning to the bailiff to approach the bench he whispered, "Suppose you look out the window while this case is being heard."

Herman explained to the judge and jury that he was the strongest man in the world and moreover he could run as fast as any express train. He proposed that the White House, Capitol, and all other Government buildings be disconnected from their foundations and he would then push each edifice onto a platform. Getting under a platform thus loaded it would be an easy matter for him to raise it on his uplifted hands and run to Chicago. Herman was a man with a big idea, he would deal with no subordinates, the President was the only

official with whom he would sign a contract!

There is one outstanding similarity in the deluded men and women who try to see the Chief Executive. It is that only on few occasions have there been any who would have harmed the President. They bear him no animosity. They may wish co-operation, or assistance, or to secure the seal of Executive approval, or maybe the desire is just for a good talk; beyond this they rarely go.

A number who have wended their troubled way to the National capital are still living at St. Elizabeth Hospital, the large Government institution for mental patients located on the outskirts of Washington. A Court has decreed that they are of unsound mind and must be kept in custody, but their comfort and good care are assured by a generous Government that has spent many million dollars in making the hospital one of the outstanding institutions of its kind not only in this country but in the world.

Call the rattle exterminator

THE New York City Department of Health believes that traffic noise constitutes a serious menace to health, and has issued this code of etiquette for automobile owners:

1. When buying a new automobile, make silence an important factor in your choice, being sure to purchase the most noiseless make that suits your needs.

2. In selecting new tires, purchase those that do not make a loud sucking or singing noise against the pavement.

3. Blow your horn only when necessary.

4. Shift gears silently, run in low gear as little as possible and never race your engine.

5. If an unusual noise appears in your motor, have it investigated immediately.

6. If your brakes squeak, take them to a mechanic for adjustment or relining. Remember that squeaking brakes are unsafe.

7. See that your car is greased as often as recommended in the book of instructions given out with your car by the manufacturer.

8. If your car shows a tendency to backfire, take it to a mechanic immediately. Make sure your muffler is functioning properly.

9. As soon as a squeak or rattle appears in the body of your car, have the trouble corrected.

"Motorists would not hesitate for a moment to follow these suggestions if they realized that they were exposing themselves to sickness by driving in noisy cars," said Edward F. Brown, Deputy Commissioner.

Nurse vs. Doctor

LEARN TO MAKE EGGNOGS
YOURSELF THEN TELL HER

By O. P. Schnetzky, M. D.

AFTER reading "The Nurse Problem" in August MEDICAL ECONOMICS, I find that there are a few things lacking which might be said, which are rather delicate to touch upon, but still are true. Some of my colleagues and also some nurses will agree, but few confess.

The nurse receives her training at the hospital, and each of these institutions has its own course, methods, and routine. These the nurse learns, and when she graduates she knows but the methods of those she comes in contact with at the hospital, where she has her superiors to consult and take orders from. No matter what the emergency, the doctor has entered his orders on the chart, and when this nurse goes into a home for private duty, she is thrown entirely on her own resources.

The doctor has served his internship and is ready to establish his office. During all this time he has had "service" at his finger-tips and at his elbow. "The other fellow" has given orders not HOW to do, but WHAT to do. He is the assistant and has the assistance of the nurse, sterile dressings, and whatnot at his beck and call. During this time the doctor may never have seen a roller bandage or a gauze sponge made, or sterilized. When he gets out he has the services of specialists and hospital at his command.

Place these two recent graduates away from their respective surroundings out in the country, and what do we find? They are both lost. Very often the doctor will hasten to move back to the city with its hospitals, and the nurse will refuse "country cases." Who is at fault?

When the nurse arrives on the scene, the doctor leaves or prescribes the medicine, and then gives such orders as "give him the usual care"—or "the usual diet"—or "soft diet". He himself does not know what the "usual care, diet, light or liquid" means, other than what he heard in the hospital, where all routine matters were set rule and standard for that particular institution.

What does our nurse do but follow the rules that she has learned at her particular institution, and the result is often a serious misunderstanding between the doctor and the nurse, especially, should one or the other inadvertently pass a remark not in accord with what the other has said.

The nurse is doing the best she knows, yet some of her methods do not suit the doctor. The doctor, who has not seen the particular method, hurts the nurse more than he will ever know.

She may even ask him for some specific order, and he will say "you know how." If the patient does not recover as the doctor thinks he should, very often (especially after the nurse has



As Good
for You

As for Your Patients

You too, doctor, need a "pick-up" drink—particularly after a hard, strenuous day.

Why not try the invigorating effects of Ovaltine—the new Swiss food-drink—which gives increased strength and nourishment without impairing digestion.

Ovaltine is rich in essential mineral elements and vitamins and is valuable for the growing child, for the convalescent, and as a night-cap for nervous patients with a tendency to insomnia.

Let us send you a regular size can of Ovaltine for trial in your own home. The coupon is for your convenience.

Offer to the profession. Good for one time only *unless in special cases.*

OVALTINE

The Swiss Food-Drink

*Manufactured under License in U.S.A.
according to original Swiss Formula.*

THE WANDER COMPANY,
180 No. Michigan Avenue, Chicago, Ill.

Dept. M.E. 11

Please send me a regular size package of Ovaltine, for my personal use—without charge.

Dr. _____

Home Address _____

City _____ State _____

left) she will get the blame. If the recovery is speedy, he will take the credit.

I am sure that the average doctor will get the hearty cooperation of his nurse, if he will but treat her as a professional person, and by giving specific orders. This he can only do if he himself *knows* how.

It is surprising to know how few nurses can make a real egg-nog. Be honest with yourself, are you in the same boat? Learn how to make them, and you can give definite orders.

I have done many emergency operations in the homes without infections. Time and again, if we

had to take a patient to the hospital, it would have been a case of "too late." I have packed and sterilized my own kit, and did not regret that I knew how. My good wife, a registered nurse, and I, worked hand in hand, both remembering the "wash-boiler" method of sterilizing operative kits. We had no portable sterilizers, and hospitals were distant.

A fence board and a jack-knife make a good splint, if a fellow knows how to use them.

I cannot help feeling, that if the doctor can, and will, give specific instructions and explanations, there will be no friction in the care of patients.

400,000 on the free list

ABOUT 400,000 people come in for treatment annually at the hospitals and relief stations which the United States Public Health Service maintains at 155 ports in this country and its possessions. These stations consist of, according to the United States Daily:

1. American seamen employed on board in the care, preservation, or navigation of any registered, enrolled, or licensed vessel of the United States.
2. Officers and enlisted men of the Coast Guard.
3. Officers and seamen on vessels of the Coast and Geodetic Survey.
4. Officers and crews of vessels and certain keepers and assistant keepers of the Lighthouse Service.
5. Officers and crews of vessels of the Bureau of Fisheries.
6. Immigrants detained at immigration stations.
7. Seamen from vessels of the Army Engineer Corps and other vessels belonging to the United States Army.
8. Seamen employed on vessels of the Mississippi River Commission.
9. Beneficiaries of the United States Employees' Compensation Commission.
10. Patients of the Veterans' Bureau.
11. Lepers.
12. Officers of the Public Health Service and employes on field duty.
13. Prisoners at United States penal and correctional institutions.
14. Patients at Federal Narcotic Farms.

Clinical history favors **IODINE**

It's results that count after all—and for more than 80 years clinical history has favored IODINE. Now a nationally known laboratory, after exhaustive tests, sets forth the reasons for the wide choice of IODINE as a powerful germicide.

- 1.** It possesses rapid germicidal-antiseptic action in short time periods and permits considerable dilution without loss of potency.
- 2.** It preserves great speed of penetration with the preservation of germicidal-antiseptic efficiencies.
- 3.** It has small toxicity in comparison with its germicidal potency, so that wounds treated with IODINE heal quickly.

REMEMBER —

**IODINE EDUCATIONAL
BUREAU, Inc.**

120 BROADWAY

NEW YORK



*Nothing
takes the
place of
Iodine*

I Collect for M. D.'s

By A BUSINESS WOMAN

A MAN owed his doctor (who was a collection client of mine) a bill of \$190. The man's wife had been sick for a long time. Her trouble, a heart affection, was one that might carry her off at a minute's notice, or with care might permit her to live for years. The physician was untiring in his ministrations, attending day and night.

Then the family tried another doctor, the privilege of a worried family; the woman improved, as people so often do with a second doctor, based upon the first doctor's work. The conclusion was that the first doctor had not done the right thing, and they refused to pay his bill.

The man was in business, so we sued, finding after getting judgment that there was nothing to levy on, since just the week before he had sold his store and was merely an employee. In this state wages are exempt from execution, and we had never been able to locate a bank account to garnishee.

A year later I walked into this doctor's office and he proudly told me that the woman had sent for him again and had put herself once more under his care, saying she had never been happy since she had changed doctors. Did he refuse the case? He did not. Had he gone to the husband or the daughter, who holds a good position, and made a definite arrangement with them? He had not. I threw up my hands, and advised him to get cash for the current work, in the face of what had happened. But he didn't.

Of course, every man must decide his own course of action.

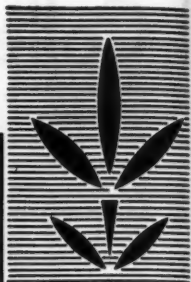
My side of the question cannot enter into the consideration. Yet there is my side. Think of the valuable time I had put into the collection of that account. I work purely on a commission basis—no collection, no pay. I charge no retainer fee. For that reason, and out of fairness to me, I should be permitted to handle a case as I see fit, having once started work on it. However, because of the humanitarian element, I never take a drastic step without consulting the doctor. If for purely personal reasons he will not sue, I have no recourse. I must submit to his decision.

During the past three years I have, with a variable amount of success, collected delinquent accounts, limiting myself to the accounts of physicians and dentists. It is surprising how much can be learned about human nature while doing this type of work, both from the layman's point of view and from the doctor's. At times I have laughed with the patient; at other times I've laughed with the doctor; again I have laughed at the doctor.

In going over accounts with me, doctors are bound to give a personal picture of the transaction, and in many instances inadvertently give much information that is not for publication. To one who can put two and two together and make four out of it, many strange tales unfold.

To begin with, I learned early in the game that such losses as most physicians sustain each year, would soon put a merchant out of business. Ask any colleague what his percentage of

THE DUAL ATTACK



EVER since the introduction of Merrell's Natural Salicylates — the first salicylate made in America — this form of medication has been regarded as standard treatment for rheumatic and arthritic disorders.

Recent medical literature emphasizes the value of the salicylates and suggests the associated use of alkalis to give the maximum salicylization with the least disturbance.

In keeping with this modern trend, The Wm. S. Merrell Company announce the introduction of a new formula in which Merrell's Natural

Salicylates are combined with a balanced alkali.

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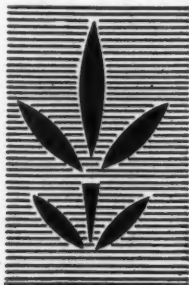
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losses is. Not one out of twenty-five knows. One doctor told me his practice the previous year had been \$7500—a fair average practice, I am told. I was surprised that it had not been more, knowing how busy he had been, and when I questioned him, I found that his collections had been that amount, that he did not count uncollected bills.

Ask any merchant the same question; he will tell you to the penny what his sales were, what his gross profits, what his expenses, his losses and his net profit. If at the end of the year he finds that the ratio between these items is not correct, he sets about remedying things. He cuts down expenses, sets about increasing his volume, and puts a better credit man at the helm.

In the practice of medicine, there is a humanitarian element that never enters into the consideration of the business man. His merchandise must be paid for. Then he may make his own contribution to charity. The doctor has a different problem.

Let me stray from my subject right here to say that I have wondered at the effrontery of Community Chest officials, expecting big donations from doctors. No other group of people in the world do as much charity work as do our physicians, nor do it as cheerfully. More than one doctor has told me that when he has a case that he knows is charity he gives it extra attention, to forestall any hurt to the man's pride. And do people appreciate this consideration, this care and attention? I can tell you they do not. The biggest knocker the doctor has, is the man who for one reason or another has not paid his bill.

When a man owes you a big bill, what does he do when he needs further medical attention? Does he pay you a little on account? Occasionally, maybe. But more often he will send for another doctor, who, having no way of determining why he has

been selected out of the many, unsuspectingly plunges in.

A merchant would not give a new customer a line of credit without reference from the people he had been dealing with. Not so, the doctor. Even though the doctor knew the man did not pay his doctor's bills (and often this is true of a man whose credit is good in every other way) the doctor takes a chance.

And how about Doctor Number One? Does the patient tell his friends the real reason why he changed doctors? No, he tells his friends that he was not pleased with the way Dr. A. treated his wife when she was sick the last time, that he no longer considers him a good doctor. So instead of the doctor making a friend out of the family he has treated leniently, he has made a family



of knockers who do him untold harm.

There are all types of physicians, as well as patients. As a collector I have found that out. There is the doctor who never sees you as a human being, who sees you only as a case—the cold-blooded type who looks at you as if he could read your inmost thoughts and thinks very poorly of them. He has brains, knows the frailties of the human body, forgetting that there is also a soul and that a man or a

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woman has feelings. And yet people go to him because of his skill. He may cure them physically, but leaves them with a mental hurt that stays a long time.

The next type God bless him, knows perhaps a little less, but remembers the soul and knows that the heart's only function is not the pumping of blood. He knows that the mind as well as the body must be cured. He is not as aloof as the first doctor, but still he has dignity. He can be consulted in time of trouble; instinctively one knows that, but his troubles are his own. Never would he obtrude his affairs on a patient.

Then there is a third kind, lacking all reserve. He comes in with familiarity, making himself one of the family. You find him in the kitchen, in the bathroom, all over the house, making remarks about what he finds. This is the man for whom it is difficult to collect. When asked for money, his patients invariably are shocked that so good a friend of the family should want money for what he has done. In going over his books with him it is natural to ask him why this one or that one should not pay. One woman loaned him books; another invited him to dinner; still another flattered his vanity. Incidentally these accounts are still unpaid.

Not for nothing have doctors been put on a pedestal and kept there through the centuries. They have had power little less than the Gods on Olympus, and they have used that power wisely and well. But that is another reason why it is difficult to collect doctors' bills. What use have the Gods for money? Were not Nectar and Ambrosia served free to all who dwelt on Olympus?

Physicians must of necessity make a good appearance, drive a nice-looking car, keep an attractive office and a presentable, well-paid secretary in charge. This all costs money, but the effect on the layman's mind is that

the doctor does not need money. When asked for it, he tells you, "Oh, that doctor's not in a hurry; he has plenty".

Another idea that must be routed at every turn is the idea that the doctor did not do anything. One man said to me, "Why should I pay him three dollars for that visit? What did he do? He told me to go home and put a wet compress on my neck and go to bed. He did not even prescribe for me!"

My answer to this was, "He was an honest doctor. If he had not been, he might have written a prescription in Latin which you could not read, and for which you might have had to pay a dollar. Then you would have paid him gladly."

I can hardly describe my system, if system it can be called. It takes a bit of psychology to sum up each individual case, but one hard and fast rule I have set for myself; never get angry. On the few occasions when I have lost my temper (and the provocations are legion) I mark the account as lost, and never go back. My policy is to coax, cajole, argue, and shame them into paying. When they tell me the bill is unfairly large, I tell them there are cheaper doctors in town and it was their privilege to go to them. If a man goes into a store to buy a suit, and the price asked is more than he cares to pay, there is nothing to prevent his going to another store where the prices are lower.

I said I try not to get angry, but that does not mean that I never get "hard-boiled". A dentist gave me an account with this explanation: a woman came to him for a piece of delicate surgery, and asked the price, which she was told would be twenty-five dollars. She had the work done, and a statement was sent three successive months, the last bringing a check from the husband for \$10 marked "in full".

The doctor's secretary phoned the husband and tried to make

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him understand that a contract price had been made. He became very offensive and said they were highway robbers and that was all they would get. Then the account was turned over to me. I garnisheed his bank account, and within twenty-four hours he paid not only the twenty-five dollars but an additional eleven dollars courts costs and attorney's fee. I wish more doctors would take such a definite stand regarding their delinquent accounts. I don't know why they hesitate about such accounts, for they are already lost for future service. So why not get the money for service already rendered?

Many times I go back to the doctor, who has seen his patient in his office only, and figures he can pay a nominal fee; I get into the homes and see the living conditions and realize that paying the fee means a real deprivation, and when my report is made I have never failed to get the same answer: "Oh let it go if they are so poor."

One specialist with a rough exterior and a heart of gold, who lost his life a year ago, had a particularly gracious way of handling such a case. On one occasion, after he had done a very delicate piece of surgery and the bill was over a hundred dollars, I went to him and told him of conditions in that home. He had never been there. Gruffly he said, "Send her a receipted bill; no use letting her worry over it".

Not long ago I went to a man to collect a balance on an old account. He had moved away and by chance I was going to visit in the city where he had gone into business. He felt that he had paid all that the work had been worth. I argued with him that this doctor had saved his wife's life; that at the time he was so worried he would have paid many times that sum to save her. His answer was strange: "I am a fatalist; her time just had not come!"

I told him it was easy to be a

fatalist when his wife was well, but the night he called this doctor in, after three others had said there was no hope and stood around helplessly, he was no fatalist. If he had been, why had he called in the fourth doctor? It reminded me of that old couplet:

*"When the devil was ill, the
devil a saint would be;
When the devil got well, the
devil a saint was he."*

In many cases, where people have no checking accounts, the delay in paying a bill is pure carelessness, or lack of time and opportunity to go to the doctor's office. In such cases they are really grateful to me for coming for the money, and they pay it apologetically. A woman told me recently—a business woman, too—that she would pay \$5 weekly if I'd come after it, and that she never paid a bill as gladly in her life, for the results of the operation had been so perfect.

A case that interested me particularly was that of a young man from whom I was unable to collect, so that finally in desperation I went to his father about it. The latter held a high official position on our largest daily newspaper. At first he was indignant, saying that people were simply hounding the boy, and that he would never get on his feet unless given a chance. He added that, he, himself could pay those bills, but he'd like to make the boy shoulder his own responsibilities. I let him understand that, having two sons of my own, I fully realized the moral question involved for him and his son.

We had a very nice talk, and as I got up to go he bowed in an oldtime courtly fashion and said, "Madam, you have put a soul into collecting. If you haven't been paid in sixty days, come back to me, and I'll give you a check."

At the end of that time I went into his office. He recognized me immediately and without a word from either of us he swung around to his desk and wrote the



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check. As he handed it to me he said, "Will you give your doctor a message for me? Tell him you are the nicest collector I have ever seen." You can catch more flies with sugar than with vinegar.

I have made many friends through my collecting. One man from whom I collected is never too hurried to stop me on the street and inquire about my health. In another instance I collected an account of \$25 in tiny payments that spread over a period of six months. I knew the woman was doing her best and glad of the opportunity to keep her self-respect by paying the bill. When she made the last payment she begged me to stay and have lunch with her. When I told her I'd be on the other side of town by noon, she begged me to phone her the next time I was in the neighborhood and let her fix me a bite of lunch!

My slogan is "Keep them friendly toward the doctor," and in most cases I can do it. But many times people are so illogical that it can't be done. I sought a man who is steward of one of the largest and most exclusive men's clubs in the city. He owed a bill that had been standing four months, and had paid no attention to the statements sent him. He was quite indignant when I talked to him at the club, and although I spoke courteously to him, he asked me never to come there again. Then he phoned the doctor to complain about sending a collector to the club. The doctor told him that if a member had unpaid dues, his name would be posted in a prominent position for all to see, but that unfortunately the doctor had no such recourse. The next day's mail brought a check in full.

Many people who come to the doctor with the full expectation of paying for services later, find themselves in a position where they can't, due perhaps to the ailment that made them seek the doctor in the first place; in such

cases I am very lenient, but there are far more people who have no feeling of responsibility.

Of these there are two classes: those who have no self-respect and no standing, and those who, while they don't mind cheating the doctor, would hate to have the world know it. Up to the present time, unpaid doctor bills have not affected a man's credit. But the old order changeth.

One fine old practitioner told me recently that when he had to put money first, he'd stop practicing. That is all very well for him who during a long and useful life has a comfortable competence to his credit for the rainy day. But he has a son in the office with him, a highly successful surgeon of whom the old man is very proud.

This son thinks that the laborer is worthy of his hire, and when an account is three months old, I get it. It doesn't follow that he is hard-boiled or mercenary. He just understands human nature and knows that what people get for nothing they estimate must be worth just what they paid for it. In other words, the doctor who insists upon being paid for his services is held in greater respect and esteem than the man who doesn't.

For that reason, and because of the conscientious work I give that is never paid for, you would think that never, under any circumstances, would the doctor begrudge me the fee I charge, no matter how easily I have earned it. And yet often they do. The understanding is that once having worked on the case, I am to get the commission, regardless of whether the bill is paid to me direct, or whether, as a result of my coaxing it is paid in the office.

Yet many times I have discovered, long after, that a bill has been paid and not reported to me. Once or twice it can be an oversight, but when the same thing has repeated itself frequently, then I begin to wonder.

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The Doctor and his Investments

By MERRYLE STANLEY RUKEYSER

AN EAR TO WALL STREET The world has recently been witnessing the consequences of uncontrolled and unmanaged deflation. The departure of Great Britain and eight other important countries from the gold standard is one of the important symbols of the trend.

The epidemic of wage-cutting by a group of leading American corporations in the heavy industries, which had for two years shown restraint, is another effect of the same process. The persistent drastic decline of the international commodity price level for the last two years has upset existing business standards and financial relationships. This decline, which is a measure of the deflation, has enormously added to the real burden of all outstanding debts, taxes and other fixed charges.

Those countries like Great Britain which have temporarily gone on a paper money basis, have at length under the lash of necessity departed from the program of deflation. They have through depreciating their currency started a counter-deflationary movement or, if you will, an inflationary one.

Inflation is not a good word. After observing the evil consequences of uncontrolled inflation after the war in Germany, Austria, Russia and elsewhere, public opinion has developed a Puritanical tinge in the field of eco-

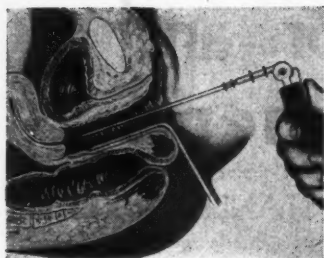
nomic terminology. It has learned to shun the idea of inflation.

At other times in the world's history, especially when there has been a decline in prices which burdened the debtor classes, there has been a disposition to turn to inflation as an easy way out of economic dilemmas. Unquestionably, inflation is a somewhat dangerous narcotic. If it is to be used at all, it must be kept under control and handled with great sobriety and restraint.

But the economic purists have taken a one-sided view and have greatly underestimated the evil social consequences of the opposite of inflation, namely, deflation. The *laissez faire* doctrine of letting liquidation and deflation run its course has already proved costly. One of the great social costs has been widespread unemployment of labor in all of the principal industrial countries of the world. Deflation started with a run on the New York Stock Exchange in October, 1929; by the end of 1930 it had spread to some of the weaker commercial banks, including the Bank of the United States.

By the summer of 1931 it had manifested itself in a run on the Reichsbank and on the Bank of England. Deflation had gone to an extreme where it was no longer practical to let it further run its course.

The world needs a constructive program. It needs to remove the artificial hindrances to sup-



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ply and demand, but it also needs to efface the hindrances to trade, such as excessive tariffs, unduly burdensome taxes, and also the pressure of contraction of world credit resulting from a maldistribution of the gold supply.

Both inflation and deflation are twin evils which under ideal economic conditions would be ruthlessly avoided. However, extreme variations in one direction call for a rebound in the other. A certain amount of counter deflation in the matter of raising commodity prices is plainly desirable.

It seems likely the demand for a certain amount of inflation in this country will grow. The technique of inflation raises some interesting questions.

The Federal Reserve System has been consciously seeking for at least two years to increase artificially the supply of bank credit in this country. Its easing methods have for the most part failed to arrest the commodity price decline or to stimulate business activity. It has resulted in an excessive bank reserve. An increase in the credit supply does not have the desired effect on prices and on business activity unless it is accompanied by at least a nominal amount of business confidence.

Business executives, before availing themselves of opportunities to use credit, must see an opportunity to do so at a profit. Many economists believe that the way to turn about the major economic forces is to float a very huge Federal bond issue for the carrying on of public works. Such a bond issue would doubtless be floated with the aid of bank credits and the funds would be used by the Government instead of lying idle in the money market.

Recent emphasis on needed relief projects for taking care of

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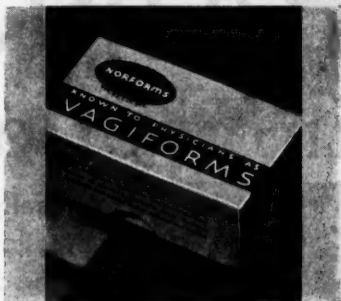
the unemployed this coming winter has to a degree tended to frighten the business community and has contributed to the forces making for a decline in stock prices. That factor and the added liquidation of American securities resulting from monetary changes in other countries have at this writing greatly depressed the general level of equity security prices. Although the near term earnings outlook for corporations is admittedly not bright, there has been a disposition to exaggerate the importance of near term corporate profits and to overlook the fundamental fact that the real investment value of securities depends on average earnings in good years and bad years, rather than on results during short periods of time. Accordingly, since the depression the prevalence of pessimism has unquestionably resulted in the undervaluation of many American securities involving a normal business risk. Speculation is especially hazardous in such times, but the long term cash buyer will doubtless find opportunities to make wise additions to his permanent portfolio.

On account of the prevailing fears and pessimism which are usual at the latter stages of the depression period, the public has overvalued investments of the highest grade and undervalued most sound securities entailing business risk. The currency hoarders in Great Britain have already been punished by a depreciation in the value of their holdings.

The hoarder is doing an anti-social act, whereas the person who is putting funds into stocks and bonds or into the purchase of consumption goods or durable goods in the form of housing and plant and equipment is contributing to a restoration of normal economic conditions.

[TURN THE PAGE]

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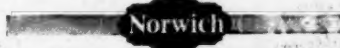
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Methods of Successful Investors

AT disturbed periods, successful investors frequently lay the foundations for their fortunes. The very persons who were skeptical of the inflated rise of security prices in 1929 and who converted their holdings into cash are now in a position to transform their cash into security commitments again. The scientific investors include not only investment counsellors who advise wealthy individuals, but also the investment managers of the large investing institutions, such as the life, fire and casualty insurance companies and investment trusts and trading companies, the security affiliates of banks and great savings institutions. As a class, the so-called investment trusts, which were for the most part bull-market creations, have not shown as much skill in investing as some of the older types of investing institutions.

Albert W. Atwood, in commenting on the investment policy of institutions, once pointed out: "Now it is not my contention that the professional and institutional investors are always wise or successful in the choices they make. The life insurance companies have had losses on paper in a single issue of railroad bonds of more than forty million dollars, owing to the fact that bonds bought at par have sold down to 60.

"Perhaps, too, the insurance companies have been unduly slow in taking up public utility bonds, or inducing the legislatures to change the law to permit them to do so.

"...But old fossils or not, the professional institutional inves-

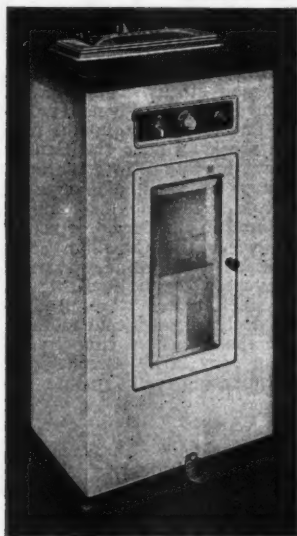
tors are incomparably more successful to date in fulfilling their purpose than the average individual investor."

Most of the American life insurance companies, unlike the fire and casualty companies, are not permitted by law to invest in common stocks. They confine their investments to bonds, mortgages and certain groups of preferred stocks. Under the Canadian law the Sun Life Assurance Company of Canada has been permitted to operate in common stocks and in the period of rising stock prices the Canadian company made extraordinary returns on invested capital. However, when stock prices were precipitately declining in recent months, the company necessarily experienced a very large shrinkage in the liquidating value of its assets.

I once asked T. B. Macaulay, the veteran president of the Sun Life Assurance Company, to tell me how his company evaluates the investment value of common stocks. Mr. Macaulay said: "We start out with the assumption that we are entitled to at least a bond return on our capital, say about 5 per cent, and we must see our way to get better than that in some form, or we will not buy. We pay some attention to dividends, but we are very much more concerned with earnings.

Whatever a company earns must ultimately come to stockholders in some form. We look behind the published earnings and seek to supplement them through such data as we can glean in confidential conference with executives. It is surprising how freely corporate officials discuss affairs with us. If the company which we are studying is ultra-conservative in setting up reserves for depreciation, etc., we recompute earnings, adding something to the published figures. If it fails to include the earnings of some or all subsidiaries in its published income,

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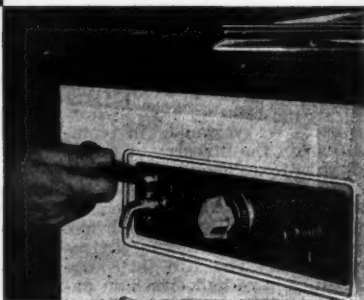
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we add something for that. We make the best possible effort to get the true earnings of a corporation, not the nominal earnings. Then we look ahead and estimate the future on the basis of past experience. We are now considering what earnings will possibly be two years hence. We are not willing to discount more than a couple of years ahead. Then we take the computed figure of earning power for this future period and discount it at 6 per cent in the case of the choicest companies, and 7 per cent in the case of others. It is not possible to make a rule that will apply in all cases, but this provides a valuable guide."

Mr. Macaulay's statement, made after the panic but at a time when economic conditions were reasonably stable, indicates that the Sun Life Assurance Company in normal times was willing to pay as much as from 14 $\frac{2}{7}$ to 16 $\frac{2}{3}$ times earnings for stocks of companies whose shares it liked.

Somewhat more hard-boiled advice was given by the late Judge Elbert H. Gary, chairman of the board of directors of the United States Steel Corporation, who advised his heirs in his will as follows: "I earnestly request my wife and children and descendants that they steadfastly decline to sign any bonds or obligations of any kind as surety for any other person or persons; that they refrain from anticipating their income in any respect; that they refuse to make any loans except on the basis of first-class well-known securities, and that they invariably decline to invest in any untried or doubtful securities or property or enterprise or business."

In a subnormal period when optimism runs at low ebb, it is perhaps timely to recall John D. Rockefeller's statement concerning the part that the spirit of enterprise, courage and daring play in building up an estate.

He once said: "Our business

did not grow of its own accord. We did not sit still and do nothing but draw dividends. Our business grew for the same reason that other successful businesses grow: Our basic principles were right; we dealt justly with everybody and met our obligations promptly; we studied facts; we watched for opportunities and also created opportunities; we spared no expense and no effort to manufacture a product of the best grade; we did not shortsightedly curtail our market by charging exorbitant prices, but constantly aimed at reducing them to a minimum so as to encourage wider and wider consumption; we allowed neither



success nor temporary setbacks to cause us to lose our heads; and always we were careful to keep our financial condition sound and strong; resisting all temptations and all suggestions to put out unwarranted amounts of shares to foster speculation or to create inflation."

Times of abnormal depression, such as we have been passing through, create opportunities to buy low. In such times purchases should be made only after a careful examination of the facts and expert consultation. Widespread diversification of risk is also doubly necessary in such a period.

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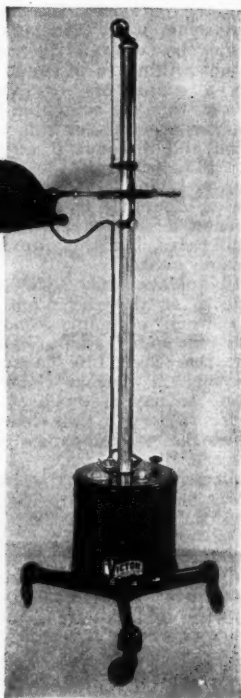
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Time Limit on Bills

THOSE DEAD ACCOUNTS MAY NOT BE SO DEAD

By ROSS DUDLEY

MR. AMES sat in the straightback chair in front of the glass-topped mahogany desk in the private office of his attorney. He handed the lawyer a bill addressed to a debtor with the remark:

"Here's a dead account that I have been carrying on the books for the last eight years. It amounts to \$227 plus interest. I understand that the fellow now has a good job with a department store and I thought maybe we could collect it, if it isn't outlawed?"

The attorney glanced at the account, which was incurred in May, 1922.

"An open account is outlawed in this state in four years, unless a part payment has been made or a promise in writing to pay has been given within the last four years. If that is done it renews the obligation so that it is good for another four years from the date of the last payment or the promise. When was the last payment made?"

"In December, 1928. At that time he sent me a check for ten dollars together with a letter, which I still have, saying that he would pay the balance within the next six months."

"In that case it wouldn't be outlawed; the statute would run from the date of the payment, so we can probably collect it."

"Speaking of bills becoming outlawed," remarked the physician, "I have about \$3000 worth of accounts on my books that

are hitting dangerously close to the four-year mark, since the last payment was made. These deadbeats simply refuse to make a payment or answer my letters. Is there any way in which I can prevent the accounts from becoming outlawed?"

The lawyer nodded his head affirmatively. "There is. Perhaps the easiest way of explaining is to outline its provisions.

"The law under which bills become outlawed is known legally as the Statute of Limitations. The essential attribute of the statute is that it limits the time within which a suit may be brought upon the cause of action. The principal object of the statute is to prevent fraudulent or stale claims from springing up after a period of many years and surprising the parties or their representatives when all the proper vouchers and evidences are lost or the facts have become obscured from the lapse of time or the defective memory, death or removal of the witnesses.

"The principal provisions affecting the business man are those relating to the time limit on open accounts, written instruments and judgments. The time limit varies in different states and of course you are governed by the statute of your particular state. Here in Utah, the time limit on open accounts is four years, on written contracts six years and on judgments eight years.

"Now, referring to that \$3000



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THE Good Housekeeping advertisement reproduced on this page illustrates our approach to mothers on the subject of anorexia. An advertisement similar to this will also appear in the Ladies' Home Journal, American, Woman's Home Companion, Delinicator, McCall's, Parents' Magazine, and Better Homes and Gardens.

While a great many mothers may respond to this advertisement with a request for free copies of the new Gerber booklet, "Baby's Vegetables and Some Notes on Mealtime Psychology," it is our hope that the booklet will find its greatest usefulness in distribution to mothers by physicians.

As announced last month in our advertisement in this journal, we endeavor in this booklet to secure the mother's more intelligent co-operation in combating errors in mealtime technique that frequently complicate the physician's problem because of their psychological influence on the child.

If you find that the booklet promises to be of assistance in the purely educational problem to be met with many mothers, we will be glad to supply you with as many copies as you wish.

May we send you a copy to examine?

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Fremont, Mich.



worth of open accounts that you have that are nearly outlawed, there are several things that you can do to prevent them becoming outlawed. The first is to get a part payment on account or the payment of interest. The second is to secure a letter acknowledging the obligation or have the debtor give you a note. In case he refuses to do any of these, bring suit on the account before it is outlawed and secure a judgment, which will add several more years to the life of the debt, and of course a judgment draws interest at the legal rate.

"Another case that frequently arises is that a debtor leaves the state for a number of years, say for a period greater than the number allowed by the statute in which to bring suit. However, this does not outlaw the claim, as the Statute of Limitations provides that the time of his absence from the state shall not be a part of the time limited for the commencement of the action. For example, suppose the debtor incurs the obligation and one month later leaves the state, and is gone for six years. Your debt is not outlawed when he returns; the six years that he is out of the state do not count, so far as the debt becoming outlawed is concerned, and you would still have three years and eleven months after his return to sue on the open account."

Who Is Goat?

[FROM PAGE 15] an excellent hospital, should a man be permitted to wait for five hours in the room next the operating room, when he was to be operated on for mastoid, and this in spite of his protests that the constant procession of other patients to the operating table had made him so nervous he didn't know whether he was afoot or on horseback?

Why should a woman be permitted to faint on a bench in the lobby of a really good sanitarium because nurses and attendants absolutely refused to place her in a wheelchair and take her somewhere to lie down until her husband had made proper preliminary settlement, including a week paid in advance, with the financial department of the institution?

Why should a man, ill with pneumonia, with a wife in the next room who died three days later of the same disease, have as his greeting in a good hospital a boisterous young woman who burst in upon him before any nurse or physician saw him and cried out, "Now who's going to pay for this?"

This is the sort of thing that annoys patients. Then when they feel that they have been overcharged or find, as they so often do, that their operation was unnecessary, they feel doubly angry and revile the physician vehemently and to his discomfiture.

If I were so minded I could abstract here the complaints of more than a dozen lay patients who have recently expounded their complaints against the medical profession in various magazines. I shall not do so for two reasons; I have no desire to bore the reader and my editor has his (word) limitations. I shall therefore limit myself to three instances.

There was the article, "The Patient Is Always Wrong," by Edna Yost in the *Outlook and Independent* of March 25, 1931. This article complained that the hospital ritual was not sufficiently elastic to conduce to the patient's comfort; that its rigid routine, while helpful to the healthy hospital staff, was often a distressing burden to the sick patient; that the average adult victim of this system was not treated as an adult being of normal intelligence, but as a mere booby requiring the strictest discipline. She remarked the hours of rising

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and for serving meals were things of insufferable regularity; that hundreds of foolish questions were asked, trivial favors could not be granted by a staff ever fearful of being kicked out of their jobs, and that the patient was made to feel she was a general nuisance.

Next there is the complaint of Charlotte Reeve Conover, "What's Wrong with the Hospitals?" in *Plain Talk* for February, 1930. (Chester Crowell within recent years held forth in the *American Mercury* on the same subject). The complaints in this article are of unnecessary noise, the rigid routine of purging, the solemn and sacramental character of the "doctor's orders" about the utmost trivia, the indecent regularity of hours of eating; the failure to sense the rudiments of giving the patient basic comfort. This lady speaks from a wide experience while undergoing numerous operations. She remarks having been purged severely, followed by an enema, for an eye operation—so fixed is the ritual.

Lastly there is the discreetly anonymous article in *Harpers* for November, 1930, entitled "A Patient Looks at Doctors." Herein we read that "the dissatisfaction and disillusion on the part of the layman is unfortunately not to be measured by any statistical evidence, but it is obvious whenever two or three are gathered together and the conversation turns to medical experience." This lady made the mistake of entering a hospital without being routed there by a physician who was a staff member. Having done this it proved impossible for her chosen doctor to operate upon her, as he was not a staff member and was not "invited" to operate, but he connived a deceit which led her to think that he did operate upon her, rather than the staff member who really did the job.

While in the hospital she encountered the ritualistic subser-

vience requiring one physician to refuse to remove another's dressings. She discovered how willing a physician is to risk the patient's health rather than violate the "ethics" which require him not to take over a patient from a less competent doctor without the latter's express permission. In short this patient, though able to afford the best hospital and the best specialist available, was fooled by doctors, treated incompetently and ultimately dismissed a dissatisfied and complaining person. In the course of her article she also cites an instance of a patient who died in a good hospital, quite unnecessarily, because careless nurses refused for an hour to respond to a signal in time to stop a fatal hemorrhage.

So much for these patients' complaints which are very representative and characteristic. How true are they? Skeptical physicians might read Harvey Cushing's *Concratio Medici* and find out that there is a very great deal of truth in them. They are substantiated also by a prominent neurologist who wrote a year or so ago in *Mental Hygiene* (Edward A. Strecker, M.D., issue of April, 1929) and observed that in a certain excellent hospital every possible mechanical and therapeutic provision had been made for the recovery of a surgical patient, except that the patient was simply scared blue in the face as he rolled along to the operating room with nurses and doctors jocularly spoofing about him. My comment is, Brethren these things ought not so to be. Neither satisfied nor cured patients always result from such procedure.

Writing in the *Journal of the American Medical Association* for March 29, 1930, Arthur T. Holbrook, M.D., remarked: "There is no question, however, that a great many patients are made to bear hospital fees that could be avoided. This is not a

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bid for carelessness in diagnostics or therapeutics; it is a plea against carelessness in subjecting patients to institutional examination and care when less sidestepping of home and office attendance and more painstaking, conscientious physical examination, with the use of comparatively simple office laboratory equipment, would suffice for adequate results." If, then, patients are often unnecessarily subjected to hospital care what sort of care do physicians, not the patients themselves, say they get there?

Walter S. Goodale, M.D., superintendent of the Buffalo City Hospital writes in the same issue of the same *Journal* on this subject, taking the patient's standpoint, however.

Dr. Goodale first remarks the long routine of examinations—the ambulance history, the admission history, the admitting bath, the shampoo and manicure, the contact with the credit office—before the patient sees a physician at all; and when the doctor arrives he often stands by but a moment, has a careless word to say, and passes on! He denounces the average unalterable house diet as below the quality of that available in restaurants which have long since abandoned the "American plan" anyway. He remarks that little effort is made to protect hospital patients from unfamiliar and unsavory hospital smells, while rackets, reverberations, and echoes of all sorts continually disturb him. His visitors are restricted and he finds that a class system prevails giving pay patients more liberty to be visited than is extended to part-pay or free patients.

Nursing service is repeatedly delayed and often grudging; the complete physical examination so lauded by the physician in general is often most conspicuous here by its absence; rich opportunities for social service are neglected, while the human touch is usually overlooked when patients die and

sorrowing relatives arrive. Dr. Goodale finally compares hospital with hotel management and quotes the slogan which has made many hotels wealthy—"A soft answer turneth away wrath."

"Patients," he says, "find small comfort in the coldness and indifference often encountered in places that claim to be organized for the purpose of promoting health and consequently happiness. . . . We can at least adopt the slogan that 'the patient is usually right' no matter how unreasonable the demand or complaint. . . . The individual lacking enough in the fundamentals of psychology to interpret the peevish or unreasonable complaints of a sick person as a personal insult is totally unfitted to practice the healing art or care for those distressed both in mind and in body."

Writing on "The Sick Man", in *Human Biology* for December, 1929, Warfield T. Longcope, M.D. also emphasized the fact that the mental condition of the patient must be studied as a part of his diseased state in general because disease is a reactive process. The doctor must attend his mental state also as a factor in successful treatment, both in acute and in chronic disease; the relationship between doctor and patient must fundamentally be one of friendship and complete confidence and understanding. Exactly similar points are made by James D. Heard, M.D. in the *Journal of the American Medical Association* for May 31, 1930. Such articles by doctors themselves are merely cited here to indicate that there distinctly is adequate reason for many complaints of heartlessness made by disgruntled patients who often can ill afford to pay for the poor treatment they have received.

These things do not have to be. In *Mental Hygiene* for January, 1930, I came across an article entitled "An Experience with a State Hospital." It was written by a satisfied patient. The insti-

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tution was so crowded that it had 697 patients above its legitimate capacity, yet it was so managed that all patients felt quite at home and were treated with the utmost kindness. Every possible consideration was given to the patients by these state-paid physicians and nurses; indeed this patient complained of the coldness and inhumanity and carelessness he encountered in a private hospital where he paid \$60 a week by comparison with sympathetic understanding and sound therapy available in the state institution. Highly individualized attention was given to all patients. One who had paid \$25,000 previously for 10 years of private care said he had never encountered such considerate treatment as in this state institution where he paid only \$1,300 for 2½ year's care, including consultation with leading specialists as required. This particular patient who wrote, entered the institution prejudiced by doctors against all state hospitals and left in quite the contrary frame of mind.

For private institutions I can say from my own experience that I personally, and also my wife, had the kindest and most considerate treatment we ever received at a Seventh Day Adventist sanitarium. There was no bickering, no strife, and no tendency to backbite there. Precisely how this had been accomplished I do not know, but I do know that every member of the staff to the lowliest nurse or assistant was imbued with a spirit of helpfulness and friendliness.

The atmosphere was cheerful at all times; the patient felt reassured and relaxed, and wishes were rather anticipated than permitted to arise, to be stated, and to be denied. I realize that physicians and nurses face a difficult problem here so to adjust themselves that the patient will get proper treatment while their own

sensitivities are not too rudely shocked by the presence of suffering and disease. They must also struggle to keep from becoming bored.

The point is that many nurses and doctors at present in these professions were not endowed with personalities which fitted them for such work. Some of the doctors would have made excellent research workers; others should have been in some other profession altogether. To date we have no really effective system of selecting good material from which to make our future doctors and nurses.

I cite then this basic lack of humanitarianism which does so much to invalidate the good effect of even the most competent treatment, but which, combined with extortionate fees and medical incompetence, has done so much to make patients complain bitterly about doctors and doctoring. In doing this I realize that I am merely another layman with a grudge!

However I think, in conclusion, I can effectively quote the retiring President of the American Medical Association, William Gerry Morgan, M.D., on this point. He writes on "Is the Medical Profession Discharging its Full Duty to the Public?" (*Journal of the Missouri State Medical Association*, September, 1930) and apparently concludes that in many ways it decidedly is not. I quote the following words from his article:

"The medical profession is charged with lack of organization and it appears to be a just criticism founded on fact. The medical profession has not been alive to the lack of coordinated effort in the service of the public until it was brought to their attention and that of the public by economists who have for a number of years given thought to this particular part of the social problem. We doc-

tors are inclined to resent lay criticism, and when such criticism is unjust and unfair and gives but half the truth of the situation, we have a right and indeed it is our duty to resent it. Nevertheless, where an important shortcoming of the profession is brought to light by any criticism voiced by those outside the profession, we should profit by it. No amount of acrimonious denial of disagreeable facts helps in the progress for better things.

"Is the diagnostic endeavor among the rank and file of the daily practitioners sufficiently comprehensive and exhaustive? I feel that this is a question which the profession should frankly ask itself. Is it fair to the individual to permit him to drift along from month to month being treated for some vague complaint, such as indigestion or myalgia, or colitis,

or constipation, without making a sufficiently exhaustive study to discover the underlying cause of his symptom complex? It appears to me that too often in the past we have laid ourselves liable to just this criticism. Up to within recent years the surgeon too often approached the clinic with the attitude of 'let's go in and see!'"

Therefore, if I have been a boisterous lay critic, I beg to be excused because of what Dr. Morgan says. I believe that a certain amount of very justifiable complaint is made. I believe that such complaints are justifiable because alert doctors admit their justice. I believe a more rational organization of medicine could eliminate the cause for many such complaints. But that is another subject and it would require another article to develop it.

Post-graduate lectures at home

MEMBERS of the Academy of Medicine of Lima and Allen County, Ohio, listen to a yearly series of post-graduate lectures without going out of town, and at a per-capita expense of only \$10.

This year, the third the plan has been in existence, Dr. Thomas McCrae of Jefferson Medical College, Philadelphia, will give a series of ten lectures (from September 8 to September 12) on miscellaneous subjects ranging from "Methods of Diagnosis" and "Organic Change versus Disturbance of Function" to "General Discussion of Syphilis" and "Endocrinology."

Each year a speaker is imported for the program, and allowed \$50 a lecture plus all expenses. Dr. Edward B. Pedlow, Secretary, reports: "It is most satisfactory... Everybody comes. We often don't have room enough. We always have to have an additional supply of chairs. It promotes good fellowship... if we had to go out of town to get this work it would cost us a great deal more. We like it and expect to continue and hold our annual meetings as in the past."

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SOUTH AMERICA AND THE FOUR PRINCES: Describing the new motor ship service between New York and the east coast of South America, this folder is offered by the Furness Prince Line, 34 Whitehall Street, New York.

Site-Hunting in California

[FROM PAGE 24] take over the medical work and assist in a small private hospital.

The older man was getting along in years and wealth; it was but the lapse of a few years, as later proved to be the fact, that the bulk of the practice would be taken over by the junior. The old fellow seemed to take a fancy to me, and I liked him immensely. We arrived at an arrangement whereby I was to receive a salary of \$300 a month from July to the following January, and then a third interest in everything taken in. Fanciful? Yes, but true.

But Madame Fate scored first. A father in the Middle West was recovering from a pneumonia and a brother's health blew up under the strain of shouldering a double practice. My duty, as I saw it through the romantic eyes of youth, was to go back and add my fresh strength and still fresher experience to the tottering defense. So I regretfully turned over my place to another young fellow and went back. Ten years I saw him again—on Easy Street with nothing but a few cars and an income tax to worry about.

Seven years sped by, as years have a habit of doing. Then, somewhat sadder but perhaps not much wiser from experience, I again found myself in California. Without any tribal ties and a small bankroll, I was seeking a practice—leisurely and with lots of vacation-time in between, for the helpmeet and I decided to take our time and search well. Accordingly we drove the length of the state twice in these quests. Did we find any open practices? *We did, and any number of them.*

There were so many, in fact, that, like a tot in a candy-store, we could not choose which was sweetest. But four of them led the rest.

The first location looked at was one that I had heard of on the way over. It was but a hamlet in the mountains near Santa



This is Location No. 4, near the Oregon line.

Cruz. A cluster of houses nestling among the redwood trees at the foot of the mountain-slopes it was, bisected by a paved highway that was bordered by picturesque little stores and shops. Over the quietness of a deep valley with its late sunrise and early sunset. In the summer



Location No. 5, in the orange country, fifteen miles from Los Angeles.

when the tourists and week-enders came to vacation, it was busily peaceful; when they left in the late fall, the hamlet sank to low ebb.

The lone physician had been there for twenty years, coming first, if I recall correctly, for his health. Now he was ready to go back into the busy world which those ever-present mountains had cut him off from. A nice office, full equipment, X-ray and physiotherapeutic apparatus were on the market for a song. The whole could even be rented reasonably with an option on later purchase, for the seller was impatient and anxious to be gone.

But it was an out-of-the-way place, albeit on a main highway, and did not especially interest us. However, I recommended it to a friend of mine who came out from the East a short time later. He took it temporarily until the throes of acclimatization and looking around were over. He refused all night calls, obstetrics, and automobile-accident cases, and still made from three to five hundred dollars a month during the seven months he spent there. Had he wished to go after regular practice thoroughly, this in-

come could have easily been doubled or perhaps trebled.

The next opportunity was in that beautiful stretch of Central California between San Francisco and Santa Cruz. A physician-acquaintance told me of the death of a prominent physician and surgeon in a town of over ten thousand. It took but a few minutes to drive over and interview the widow. A nice office suite of two rooms rented for fifty dollars a month. The office attendant was a pleasant, efficient young lady who had succeeded in keeping much of the clientele interested in the new doctor coming in—although she had not the slightest idea of whom he might be. There was also the choice of a residency in a hospital that furnished board, living quarters, and laundry, and a salary of one hundred dollars a month in return for night services when needed and four hours of supervision in the forenoon. Thus, if the new incumbent feared for sufficient income at first, he could avail himself of this opportunity of augmenting his earnings. The widow was



A rainy day in the San Joaquin Valley, where the author looked up a location for a friend.

DOUBLY EFFECTIVE

for treating digestive disorders



KKNOWN to every doctor is the ability of milk of magnesia to counteract hyperacidity; the ability of mineral oil to induce normal passage.

For that reason, he will see the double effectiveness of Haley's M-O in correcting digestive disorders, because this new preparation combines in perfect emulsion milk of magnesia and pure mineral oil.

Although M-O provides antacid, laxative and lubricant all in one, normal doses neither cause leakage nor disturb digestion. It is nearly tasteless, easy to take; children do not detect it in their milk.

M-O is exceptionally useful in spastic constipation, intestinal atony and auto-infection. It also serves well in gastro-intestinal hyperacidity, sour stomach, pyrosis, gastric or duodenal ulcer, in

testinal indigestion, colitis, hemorrhoids.

Useful before and after operations during pregnancy and maternity, in infancy, childhood, maturity and old age. An effective antacid mouthwash. Procurable at all druggists.

Liberal sample and literature sent on request. Address the Haley M-O Company, Inc., Geneva, N. Y.

HALEY'S M-O

an emulsion of milk of magnesia and pure mineral oil

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asking two thousand dollars for the complete office equipment and practice, and I was told on good authority that fifteen hundred dollars would close the deal. This latter price was considerably below the original cost of the equipment minus depreciation. Terms were offered of five hundred dollars down, the balance to be paid in equal installments over one year's time.

But again fickle Fate stepped in. My reciprocal license was not to be granted for another month. With true medical caution, I was loath to part with the "half a grand" initial payment until I was sure of reciprocity. Alas, like time and tide, doctor's widows wait for no man; by the time the license to practice in the state arrived, another's heels were parked on the departed physician's desk. But, lost or not lost to me, *the location was there*, and it was a good one. Since then the city has grown and over a half dozen new physicians have come in, all of whom seem to eat regularly and pay their tailor promptly.

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So the search began anew. Be-
thinking me of my old chief who
had given me the first lead seven
years before, I went to him in
San Francisco and made my er-
rand known.

"Why, yes," he informed me,
"you come at an opportune time.
The little town where I was born
and raised is looking for a phy-
sician. It is a little mountain
town of five hundred people, in
a valley of about fifteen hun-
dred inhabitants. The physician
who just left there has come to
San Francisco to specialize. A
few years ago he went in there
on borrowed money; a couple of
months ago he brought thirty
thousand dollars on which to be-
gin his starvation period. I'll
give you a letter of recommenda-
tion to my brother, who is one
of the prominent citizens in the

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Assimilable
Chloropectonate of Iron

A tonic and flesh builder, prepared according to the original formula of Dr. J. Jaillet, Paris.

A Digestive: Its peptone facilitates diges-
tion, and it is very easy to assimilate
as the iron is rendered organic by
the peptone. It does not constipate.

Agreeable to the taste: Being free from
the styptic flavor of most iron prepa-
rations Pepto-Fer is very palatable.
It does not blacken the teeth.

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matism, gouty condi-
tions, biliousness,
constipation and
wherever there is evi-
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—when nursing infants do not thrive

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*A perfect galactagogue—
quickly assimilated*

Cocomalt provides all the necessary food elements for the production of milk. It also contains the important

anti-rachitic Vitamin D.

Mixed with milk, hot or cold, Cocomalt increases the caloric value of each glass 70%—adding 45% more protein, 48% more mineral salts, 184% more carbohydrates. It is easily digested, imposes no strain upon the digestion.

Available in 5 lb. cans for hospital use. Or at grocers and leading drug stores, in ½ lb. and 1 lb. sizes. Mail coupon for *free* trial can.

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county, and to the local banker who is a lifelong friend of the family."

This location was within a few miles of the Oregon line and lay in a little horseshoe-shaped valley about thirty miles long and five to ten wide. Ingress was over a two-thousand-foot pass. The people were hospitality itself, and were justly proud of the old, old town and traditions. Many interesting things were shown me on long rides through the country: native gold picked up in the hills; large trout and steel-head in the rushing mountain river; broad valleys of grain and herds of fat cattle. One night, on a private reserve, over a hundred head of wild deer were counted as the glare of the headlights made their curiosity overcome their caution. Elated, I hurried back for the helpmeet.

But again I recked not on fate. This time she whispered adverse counsel into the helpmeet's ear. It was the afternoon of Thanksgiving Day as, laden with our Lares and Penates, we climbed the pass into the valley. There had been a couple days of rain and the world was dull and soggy. Leadен clouds hung low over the mountain tops; the trees dripped drearily into rills that meandered moodily into dismal gorges far below us. When we arrived in the town, its streets were deserted. The "head man" was at home asleep, from some cause or other. The promised house was not available, as everyone seemed to have forgotten it in the Thanksgiving revels. And our guide was not a good real estate salesman.

"So you're the new doctor, be

you? Heh, heh, heh," he chortled in alcoholic enjoyment. "You don't look like you ever rid a horse much in your time. Ride a horse? Lord yes, when th' side roads 're muddy 'er drifted, 'er somebuddy gits mashed up in a mine away up on th' mountain-side, y'u gotta go horseback. 'S th' only way t' git to 'em. Yep, we git lots o' cold weather, n' sometimes snow an' floods—that is when th' drought don't come—" and on and on and on in this sage, Bacchanalian monotone.

The only thing left to do was to spend the night at the next larger town and return on the following day when brains were clearer. So once more we climbed the soggy pass through the muggy clouds. As we neared the main highway, I stole a glance at the helpmeet. Tears were coursing down her cheeks—tears of disappointment that the picture I had sketched in such gay tints had washed out to such a leaden hue. For, after all, helpmeets don't care a tinker's threat for steelheads or deer or tortuous mountain-passes, even though they be seasoned with native gold. Give them a cozy bungalow and a few modern comforts and they are satisfied.

The intersection was near. To the left, less than eighteen miles away, was a comfortable hotel, a hot meal, and a warm bed. To the right, eight hundred miles away, lay Los Angeles, with its alluring promises of broad, comfortable highways and its romance of rapid growth. We were at the intersection.

"Which way?" I asked.

She glanced at me quickly. "Right," she chirped and settled

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THE PAUL PLESSNER CO. - - - - - DETROIT, MICH.

Not a Smear!

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COMPLETE RAPID ABSORPTION

IMMEDIATE PRURITIC RELIEF

EASE OF APPLICATION

POSITIVE RESULTS

NO BANDAGING

These distinctive characteristics have merited Professional acceptance.

Equally effective in the treatment of both infantile and adult cases.

Scientifically developed by a Pharmaceutical Chemist, with collaboration on the part of the clinical and Pharmaceutical departments of a large Hospital in Philadelphia.

INDICATIONS:

PSORIASIS
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DANDRUFF
ATHLETIC FOOT
AND OTHER SKIN
DISORDERS

MAZON SOAP
properly prepares the skin for the absorption of Mazon.

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4430 Chestnut St., Philadelphia, Pa. M.E.
Gentlemen: Please send me trial supply of Mazon and Mazon Soap.

Dr. _____

Address _____

City _____

State _____



back contentedly in the velour.

Far into the night we drove, past the snow cone of Mount Shasta and the cloud-pennoned peak of Mount Lassen. A few days later the old Buick nosed through Cahuenga Pass into Hollywood. In the next three days I looked up *four classmates and three former instructors* who were starving along at from six thousand to thirty thousand dollars a year in Los Angeles and Hollywood. One of them tipped me off to a little town fifteen or twenty miles east of Los Angeles where an old physician with heart trouble was following the advice he had given so often to his patients. A combined home and office took care of a nice practice in a town of 800 with only two other competing physicians. The price of the practice and equipment was five hundred dollars.

But homesickness had begun to incubate, and I dawdled along for two weeks fighting it. One morning I awoke to find that another roosted on the perch. Which news, however, caused me not much qualm for the Los Angeles fever had us during the one and only time that the desire to live and practice in a large city seized upon me. I found, in the "Crenshaw district" along West Adams St. a stretch of territory over a half a mile long without a competitor. We rented an apartment, and a notice that a new doctor had arrived appeared in the little newspaper published in that locality.

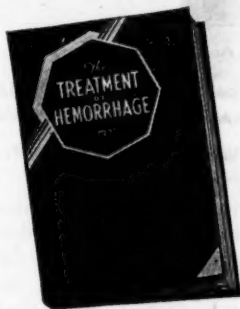
Who sent the hailstorm I do not know—whether Fate or Fortune. But it came, a regular one with lots of hailstones. To the natives it was an adventure; to us the climax. For, after all, Christmas without snow and cold seemed just a bit awry. Two days later found the faithful Buick under a new master and us in

HEMORRHAGE— Control of.

FOR the convenience of the physician—a reference guide to accepted procedures for the control of various types of bleeding.

Presented in the form of an attractive new book under the title "The Treatment of Hemorrhage".

Have you received your copy? The coupon brings it to you **FREE** with our compliments.



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The Blood Coagulant

FLINT, EATON & COMPANY,
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Gentlemen: Send me, without obligation, copy of your book, "Treatment of Hemorrhage."

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M. E. 11

THE ANTACID ROLE *in Relieving* **Gastric Ulcer Pain**



An Ulcer in the "Magenstrasse"

the pain of contraction, pain when the stomach is full, pain when the stomach is empty, pain coming early after eating and pain coming late. Being a balanced formula, BiSoDol is quickly effective and well tolerated.

Various systemic conditions respond well to BiSoDol administration—notably cyclic vomiting, the morning sickness of pregnancy, seasickness, after anesthesia, after alcoholic indulgence.

And in all these conditions BiSoDol has the added advantage of being pleasant and easy to take.

THE BISODOL COMPANY

Dept. ME 11, 138 Bristol St., New Haven, Conn.

BiSoDol

(1) Smithies, F.—Nature, Diagnosis and Clinical Management of Gastric Ulcer, Am. J. M. Sc., 166:781-801, Dec., 1923.

AUTHORITIES are divided on the question as to the percentage of ulcer patients showing a definite hyperchlorhydria. Strange to say, alkalis appear to be indicated in any event. Smithies (1), for example, "has laid great stress on the frequency with which ulcer occurs without high gastric acidity figures yet whether the acidities are high or low, it is almost universally agreed that pain in ulcer cases may in most instances be overcome and modified by alkalis."

BiSoDol quickly relieves gastric pain, such as the pain of distention



a Pullman enroute for the Middle West.

By rights this article should end here. How I found my present location is told elsewhere. But there still remains to be answered the intimation that all good places in California have vanished with the past years. Which has not been my experience. To wit:

In January of the present year a classmate in the East asked me to look him up a location. Such requests are usually consigned to silent oblivion. But in this case, because of certain moral obligations incurred during medical college days, I looked about. But the search was only half-hearted; I had neither the time nor the inclination to do the service thoroughly.

Imagine my surprise when I found a location within my own county. It is a little town of about a thousand people that lies on a curving crescent of beach lapped by the Pacific Ocean. Fifteen hundred people in this nook have only one local doctor to serve them. The district is somewhat isolated, for the winding road across the low mountains forms an effectual mental barrier against going outside for medical help. This locality, so the banker and others told me, has felt the past year's depression less than any place in California. The

place is still open at this time of writing, and there is another equally good location within thirty miles of there, where the only physician, as far as I can learn, has gone to a larger place to specialize.

In February, 1931, still another place came to my attention, about a hundred miles from here. In order to look it up for the friend, we drove across Pecheco Pass into the San Joaquin Valley—that rolling country that is sometimes like a paradise under spring skies and at others only a wind-buffed, parched expanse. But many people would live nowhere else. The practice in question was a town of about 1400 people in an irrigated, dairying country. A physician's death left but two others there, one of them being past seventy. There is a hospital there, of fifteen beds, which may be purchased complete for about seven thousand dollars. A town of a thousand, only a very few miles away on a paved road, has only one physician. This place is also still open as far as I know.

In the meantime my classmate informed me that he had found another place, and I closed my eyes and ears. Just lately a later graduate from my own medical college in the East came out and located in a live little city not ten minutes' ride from my office. While not rich in the few months that he has been here, his prac-

MICAJAH'S SUPPOSITORIES

Do not wear out in effect.

In cases of HEMORRHOIDS, PROCTITIS, FISSURE, FISTULA, PRURITIS, they supply astringent, styptic, tissue-shrinking and soothing action.

Contain no narcotic agent.

A product of established merit.

Samples and literature to physicians on request.

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Physicians find MICAJAH'S MEDICATED WAFERS

have definite advantage over the fountain syringe and vaginal douche for inflammation of the vaginal tract.

LEUCORRHOEA

cases assured of successful treatment. Proved in practice over period of many years.

The *VALUE* of Castor Oil ADMITTED —

Consider the Quality you Recommend

Castor Oil, because of its viscosity has never been considered a delicacy by epicures. However, its enormous and long-continued use confirms its value as a therapeutic agent.

KELLOGG'S TASTELESS CASTOR OIL, America's *only* refinery bottled and sealed castor oil, meets every test of unexcelled purity, is full-strength, yet *free from castor taste or odor* and devoid of after-nausea.

Good sportsmanship, if for no other reason, suggests the use of Kellogg's Tasteless over inferior quality, "unknown" long profit brands. The fact that Kellogg's is refinery bottled insures its **PURITY** and **FRESHNESS** and will dispel the age-old belief that **ALL** castor oil is nauseating.

When castor oil is indicated, tell your patients to ask for "Kellogg's Tasteless in *original refinery sealed bottles*" at their favorite drug store. Kellogg's Tasteless can never be purchased in any other form.

May we send you a convincing trial bottle? We will gladly mail it if you will drop a line to

WALTER JANVIER, Inc.
121 VARICK STREET
NEW YORK, N. Y.

Oil

nd

ice is growing quite steadily.

But this is not a sales pamphlet. It is merely a record of the experiences of one physician in finding places north and south, east and west, in California. Nor does it purpose to give the idea that these places are all milk and honey. Far from it: some of them are too hot, some too cold; others are too dry, or too damp, or too lonesome to suit the fastidious. But every one of them were openings left by some physician who had made good financially before death or ambition called him away. Whether another going into the vacancy could have duplicated the initial success I do not know. As before stated, what is one man's meat may be another man's poison.

From all these experiences, however, two facts become more and more deeply impressed. It is this: no one place in the United States has everything favorable to medical practice; and no place is so full of physicians but that another cannot come in and get his share. But in any place, certain outstanding advantages are offset by disadvantages just as serious. It all depends on what you want. Esau wanted a good, square meal more than his birthright; Jacob was willing to draw his belt tighter and take the quitclaim deed. Both derived satisfaction from the act; both are equally famous. And both finally shed these mortal coils for higher things. Take your choice.

But—if you have already built a substantial practice and have a solid following, be it in Texas or Alaska, you had better stick there until you are ready to retire. Then, if you wish, come out—and retire. For, though California still calls, many find on answering that it is but the wile of a perfidious siren whose sweet lips hide the deadly venom of homesickness and disappointment.

Bedside Urinalysis Case

8 new urine tests readily executed
at the bedside.

SIMPLE and RELIABLE



A rapid urinary examination for albumin—qualitative and quantitative—sugar—qualitative and quantitative—acetone, renal sclerosis, bacterial infection and presence of pus.

These tests deserve an important place in diagnosis, combining new and exceedingly simple methods of urinary examination without boiling, without corrosive acid and without a microscope.

With only reagent and urine, in one half to three minutes the reaction is completed.

This method makes it possible for the busy practitioner and surgeon, either during office hours or at the bedside, to execute routine urinary tests in a few minutes. The reactions are superior to those of present methods, taking into consideration such factors as doubtful chemical end reactions and dependability.

You do not always want to spend hours making elaborate investigations of the urine or to send specimens to the laboratory entailing expense and loss of time. Every reagent is guaranteed, tested and proofed, from laboratories and hospitals down to 0.1%. This reagent gives a fair and complete color reaction. This Test Case is very convenient, accurate, of pleasing appearance, and can easily be carried in the coat pocket.

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**COMPLETE OUTFIT INCLUDING
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PRICE, \$5.00

Refilling bottle each, \$1.00

Enclose check—or C.O.D.—

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BABY GARMENTS: A large, board-bound book describing all types of baby garments, and containing ten samples of fabrics, is offered physicians by: Earnshaw Knitting Company, (ME Item 11-31) Newton, Mass.

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D-ZERTA: A sample package of six envelopes of this product, which is the saccharin-sweetened form of Jell-O, is offered physicians by: The Jell-O Company, Inc., (ME Item 11-31) Le Roy, New York.

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Gluconate "Sandoz" (either oral or intravenous), Gynergen "Sandoz" tablets, or Scillaren "Sandoz" tablets, is offered by: Sandoz Chemical Works, (ME Item 11-31) 61 Van Dam St., New York.

STALEY'S CORN SYRUP: Full-size cans of Golden Table and Crystal White are offered by the Staley Sales Corporation, (ME Item 11-31) Decatur, Ill.

MAZDA SUNLIGHT LAMP: Literature on the new Mazda Lamp, and the inexpensive fixtures now available for its use, is offered by: Ultra-Violet, (ME Item 11-31) Keith Building, Cleveland, Ohio.

FALLS DIETETIC CEREAL FLOUR: A complete set of literature, with a list of food values for the Diabetic, recipes, and a 12-day supply of flour, is offered to physicians by: J. G. Falls Co., (ME Item 11-31) 230 Gates Avenue, Brooklyn, N. Y.

BEMAX: Professional sample and instructive literature on Vitamin B deficiencies are offered by: Schieffelin & Co., (ME Item 11-31) 20 Cooper Square, New York. [TURN TO PAGE 115]

Editor's Note: These brevities are listed as a Service to our Readers. It will facilitate the handling of your request, when writing manufacturers, if you will include the words "M E Item . . ." as part of the address.

REMEDIAL USES OF DEXTROSE:

An interesting booklet explaining the use of Dextrose in gastrointestinal conditions. Write: Corn Products Refining Company, (ME Item 11-31) 17 Battery Place, New York.

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PYRIDIUM: A 30-page booklet fully describing its clinical application. Write: Merck & Co., Inc., (ME Item 11-31) Rahway, N. J.

IRRIGOL: Samples and literature of this product, recommended as an efficient and economical vaginal douche, are offered by: Alkalol Co., (ME Item 11-31) Taunton, Mass.

LA MOTTE BLOOD CHEMISTRY HANDBOOK: A complimentary copy is offered physicians by: La Motte Chemical Products Co., (ME Item 11-31) 414 Light St., Baltimore, Md.

HEINZ RICE FLAKES: Literature on cereal-cellulose, with a trial package of Heinz Rice Flakes, is offered by: H. J. Heinz Company, (ME Item 11-31) Pittsburgh, Pa.

Fee in the Insurance Case

[FROM PAGE 21] an accident although subsequent events proved that the other party was in error. I have also had a case where an assured calmly settled a death claim for which he was not legally liable for some fifteen hundred dollars. Both cases were satisfactorily disposed of by the companies although they could have denied liability with perfect justice.

Too often claims have been paid in bulk to an injured party, who forgets entirely to pay the doctor bill, in which event the doctor cannot come back at the company or the person insured unless, as stated before, they have specifically assumed liability. Neither can the company tell the claimant what he shall do with the money received in judgment or in any settlement of a claim against the company's assured.

The agent of the company can, however, notify the doctor and hospital when the claim is ready for payment and negotiate the transaction in the presence of these interested parties, provided of course he is aware of their existence. The draft for settlement usually constitutes a release of all claims; therefore, it must be made out to and endorsed by the claimant in order to properly complete the company's files.

You may also have cases where the party causing the injury has no insurance and although undoubtedly legally liable has not the means to pay for the injuries he has caused. In this event your claim is entirely against the injured party, your patient, who must seek redress from the person causing the injury. He cannot use this person's inability to indemnify him as an excuse for



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November to March . . . open season on aches and pains, arthritic and rheumatic exacerbations . . . *Tongaline* . . . a well-tried weapon—*particularly early in the season.*

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Threefold action is sedative, eliminative, anti-rheumatic.

Prescribe it for the stubborn case of obscure etiology. The coupon will bring you a clinical test supply . . . and literature with complete formula.

Tongaline

Yes, please, test supply of *Tongaline*.

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failing to pay for medical treatment. When neither the injured nor the person causing the injury have financial means or insurance, the case is simply a charity one.

At this point the thought may occur that compulsory insurance might alleviate such conditions, but such is not the case. Furthermore, there are so many bad features about compulsory insurance, as evidenced by the Massachusetts experiment, that they far offset the few advantages claimed for it.

You will find the liability and accident insurance companies and their agents glad to cooperate with you in handling such accident cases in which they are interested, but they must be sure to obtain complete legal releases for liability in every instance and unless some form of notice is received they are likely to pay the whole claim in the usual course of business without thought of medical bills. Bear in mind that hundreds of such cases are handled daily and it is essential that a definite system be followed.

Insurance companies desire and solicit the cooperation of the medical profession in connection with personal injuries. Physicians who have taken the trouble to study the companies' methods and requirements have found such contacts to be very profitable. Those who expect these large corporations to alter their established systems to meet their individual ideas have found such relationships irksome and unprofitable.

The insurance company has no direct responsibility to the doctor for medical services rendered their injured assureds or other persons injured by their assureds unless they specifically assume it, which, occasionally, they do. The doctor's claim is usually against the injured party or the party ordering his services and neither has any right to make any settlements or to assume any bills for

the companies insuring them, unless authorized.

Workmen's Compensation claims are quite different. Here the law distinctly states what payments shall be made and in what amounts. Certain amounts are permitted for doctors and hospital bills and when that limit is exceeded the employer is not liable for any more unless he specifically assumes it. This has caused considerable dissatisfaction and much controversy between hospitals and physicians as to which one is entitled to the fee allowed for medical expenses. The only way to solve it is to change the law and make it very specific in this matter. However, if the amount of payment is increased, the cost of insurance must likewise be raised, for compensation insurance is an expensive and not a profitable venture to most underwriters under present conditions. Increased insurance premiums are in turn passed on to the consumer and so in the end we all pay.

The settlement of Workmen's Compensation claims are fairly satisfactory. When the doctor is familiar with the reports required and with the system used by the state and the companies he has little trouble. The handling of compensation claims has become a specialty and there are doctors in each community who devote most of their time to this work and who are thoroughly familiar with the procedure. They have little, if any, difficulty.

The first duty of an insurance company is to keep solvent and to do this it must watch its loss and expense ratio very carefully. Premiums are based upon certain clearly defined coverages. When the coverage is stretched beyond its confines it means a loss to its stockholders and policy holders. Automobile accidents are increasing at a rate which imperils the solvency of all insurance companies and most certainly will result in an increase in insurance premiums. [TURN THE PAGE]

World Famous Natural Saline Alkaline Aperient

KUTNOW'S Effervescent POWDER

A mild laxative which aids in removing waste material from the intestines. For temporary constipation, headache, biliousness and flatulence due to this condition.

In cases of auto-intoxication resulting in acidity, acid indigestion, bad breath, irritability, sleeplessness—Kutnow's Powder is exceptionally efficacious.



CONTAINS NO SUGAR
KUTNOW'S POWDER, although pleasant to the taste and delightfully refreshing, **CONTAINS NO SUGAR.** If an acid flavor is preferred, it can be obtained by the addition of a few drops of lemon. This will in no wise alter the beneficial effects of the powder.

We will gladly send you a physicians trial bottle gratis!

S. KUTNOW & CO., LTD.,

121 Varick St., New York, N. Y.

Also makers of Kutnow's Anti-Asthmatic Powder and Anti-Asthmatic Cigarettes.

MARVEL O-Q-S POWDERS for the Vaginal Douche

Formula: Oxyquinolin Sulphate, Menthol, Zinc Sulpho Carbolate, Boric Acid, combined with a powerful cleansing agent.

Marvel O-Q-S Powders cleanse thoroughly, penetrate tissue without irritation and arrest the development of bacteria. Every physician will appreciate the merit of the formula. They are decidedly superior in effectiveness and safer than most products intended for similar purposes.

Marvel O-Q-S Powders are packed 25 treatments to the box, each in a separate glassine envelope.



The coupon will bring you samples.

THE MARVEL COMPANY,
P. O. Box 1911, New Haven, Conn.

M.E. 11

Gentlemen:

Kindly send me samples of Marvel O-Q-S Powders for the Douche.

Name _____

Address _____

City _____

State _____

In this the medical profession can assist materially by seeing that the expense in connection with losses is kept down to a fair figure.

After all the insurance company is nothing more than a central service agency, collecting funds from the many and paying them out to the few poor unfortunates. Therefore, excessive losses are paid by us all in the end through insurance premiums and taxes.

I Collect 88.4%

[FROM PAGE 32]

This is it:

"You will remember that you promised to take care of your account with Dr. Verbrycke this month. I am reminding you of it as the account has been running for quite a number of months.

"I hope that you will let me have your check so that I can clear your account."

If an occasional payment has been made but not for some time letter Number Eight is chosen.

"We have received no payment on your account for several months. No doubt you intend each month to continue payments but keep putting it off from day to day. We must insist, however, that payments

be made more promptly. Please give this your immediate attention."

If a patient has had hard luck and an account has been carried indefinitely because of these circumstances it is not allowed to become outlawed. Several months before the three years has elapsed the patient is sent the following letter with enclosure.

"Your account has been running for nearly three years. As you know, bills become outlawed in three years unless continued by (1) a payment (2) an acknowledgement of indebtedness or (3) a judgement in court.

"While we have not pushed you for this account we do not wish to have it outlawed so we must request you to either make a payment or sign the enclosed acknowledgement or it will be necessary to turn it over to our attorney for judgement."

The enclosure reads:

"I hereby acknowledge that I am indebted to Dr. J. Russell Verbrycke in the sum of..... dollars, for professional services.

"Date

Signed."

If the acknowledgement is not signed it is evident that the patient does not want to do the square thing and it is necessary to sue and obtain a judgement. Every physician has patients

SEND COUPON TODAY!

A. PERLEY FITCH CO., Concord, N. H.
Mail FITCHMUL to the following:

Dr.

Address.

A large size bottle of FITCHMUL will be mailed, FREE, immediately FITCHMUL is a

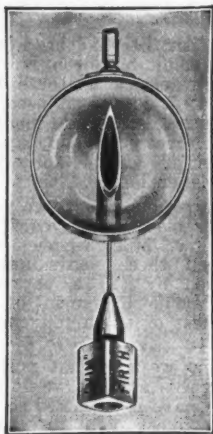
BRONCHIAL SEDATIVE EXPECTORANT—VEHICLE

Heartily endorsed by physicians all over the U. S. for Private, Hospital and Institutional practice. KNOW its outstanding merits! Mail coupon today!

FITCHMUL Formula:—Canadian Fir Balsam, Venice Turpentine, Chloric Ether, Hydrocyanic Acid (minute quantity) Tartar Emetic, Aromatica.

Mail
Coupon
Today!





This Needle Does Not Have to be Wired

Gives a new freedom from Clogging, Corrosion and Breakage—accept one Free to try.

To every physician not now using this genuine Firth Stainless Steel hypodermic needle, we offer one with our compliments. Note the coupon below.

This is the needle which physicians and hospitals are everywhere adopting—a needle that is non-clogging, non-corrosive, inside and outside.

The name is VIM. Impervious to many acids and most reagents; inviolate to rust and corrosion, the VIM does not have to be wired or even dried.

Made of genuine Firth Stainless Steel, the VIM possesses the high cutting qualities of carbon steel with all the added advantages of Stainless Steel. The edge is always sharp.

Accept a VIM — FREE

Here is an ideal needle for hypodermic work, for intra-venous, intra-muscular and anaesthesia work. If you are not now using the VIM, please accept one free to try.

The coupon below will bring the sample without charge, postpaid. If request is made promptly we will include with our compliments a copy of "NEW ADVANCES IN TECHNIQUE" describing the development of 15 notable advances in instrumentation.

Clip and mail the coupon to:

MACGREGOR INSTRUMENT CO.



MACGREGOR INSTRUMENT COMPANY,

M.E.-11-31

Needham, Mass.

Please send me one of the VIM Stainless Steel Needles to try, also a copy of the monograph "New Advances in Technique". Both are to be complimentary.

Name _____ M. D. _____
Street _____ City _____

to whom he must give a discount from his regular fee. In some instances where a patient was thought to be deserving, sad experience showed that there was never any intention of paying anything.

If the value of services was \$100 and a discount of \$50 was allowed on the bill and it subsequently was necessary to place it with a collecting agency, it could only be turned over for the \$50 and the agency would get from one third to one half of this so that the net return from the original \$100 would be very little. For that reason an unconditional discount should never be allowed and this prompted the sentence with our statement "Discounts are subject to early settlement or regular monthly payments or they become automatically withdrawn."

It does seem as if all of the foregoing is a lot of work in order to collect one's bills after services have been rendered. It does pay, however, and after the physician has once worked out his own system it will become almost automatic.

Economy

FROM PAGE 18] a case that is readily relieved by an ounce of castor oil, what in the name of goodness is the need of sending him to a laboratory to have his urine studied, an X-ray made of his kidneys, and so on, to a nauseating infinity of tests that have no reasonable relationship to the case in hand? Let's be practical.

All the tests probably have their place and their time; but they do indicate a definite tendency on part of the present-day physician to use the laboratory findings to the exclusion of his own good judgment and tests readily made by himself.

When we look back at the

REVELATION TOOTH POWDER



is an absolute cleanser and if your tooth brush is not clean your dentifrice is not a cleanser.

A clean tooth brush is as essential as clean teeth.

Send your professional card for full size can of Revelation and literature without charge.

August E. Drucker Co.
2226 BUSH STREET, SAN FRANCISCO

FREE BIG 6-Quart Sample MU - COL

An Aseptic
Prophylactic
Anti-Catarrhal
Anti-Febrile
Wash that
Guarantees
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Cleanliness

The effectiveness of Mu-col as an antiseptic wash is attested to by thousands of physicians who prescribe and use it for effectively cleansing the entire membranous area. Aids quick granulation. A saline-alkaline powder easily soluble in water. Superior for feminine hygiene. Indispensable in every physician's practice.

SAMPLE MAKES 6 QUARTS

.....MAIL COUPON NOW.....

MU-COL CO., Suite 325-D
Buffalo, N. Y.

Send sample of Mu-col, enough
for 6 qts., FREE.

Name..... M. D.

Address.....

(Please attach coupon to letterhead)

Danish Ointment

(TILDEN)

The approved 24-hour treatment for

SCABIES

Price per pound \$1.28

Per dozen 2-oz. jars \$3.00

A trial will convince you.

(Physician's sample free upon request)

Prepared only by

THE TILDEN COMPANY

Pharmaceutical Chemists since 1848

New Lebanon, N. Y.

St. Louis, Mo.

SANMETTO

A Requisite in the
General Treatment of . . .

URETHRITIS—CYSTITIS and PROSTATITIS

Best tolerated and quickest to reduce
INFLAMMATION and PAIN

OD CHEMICAL CO., 61 Barrow St., New York, N. Y.

Gentlemen: Please send by prepaid post a physician's sample of
SANMETTO.

Name _____ M. D.

Address _____

splendid work that was done prior to the discovery of the X-ray, whose value is not to be gainsaid, when a physician was a keen, trained, walking diagnostic machine, we find there is reason to think that today we are becoming better shots at golf and poorer diagnosticians. We do lean heavily on the laboratory man, who is often a layman.

This is a plea for you to help the patient, to try to escape for him all the expense that may possibly be avoided. We are not going to hurt ourselves one little bit if we use our good minds and forego some of the expensive tests.

Finally, I am entirely convinced that while we may decry fads on part of our patients, characterizing them as evidence of mental haziness, we physicians today are in the grip of the hospital fad; and we have a bad case of it.

Let's hop out of such methods of thinking as overlook the welfare of our patients. Most of our patients are not wealthy. When they are well-to-do let them pay the fiddler; but that will hardly do for the great majority.

Please look into the mirror and see if you are entirely unselfish.

evolved from the original employment of individual contract surgeons. For sometime, furthermore, most contributions to medical progress have come from private or public institutions and services, manned by salaried personnel working collectively.

Self-reliant enterprise without moral restraint, moreover, can do more harm than good. As a result of the unlimited power and trust so often reposed in the individual competitive physician, initiative too often leads to flagrant abuse, and is largely responsible for the rank commercialization of medicine and the exploitation of the diseased and the maimed. Only a cooperative service can direct its proper use and curb its wanton abuse.

Another argument against this method of socializing medicine is that State Medicine inevitably interferes with the personal relation between patient and doctor. Now for better or for worse the growing complexity of our civilization is disturbing many individual relations of mankind. Corporate service is supplanting personal services because it is more reliable, economical, and efficient. Sociological units are growing larger and distributing more widely the products of human progress.

Has not specialization already changed the relations between doctor and patient? Pediatrician, school physician, general practitioner, hospital externe and in-

State Medicine

[FROM PAGE 25] excellence of these bodies which had gradually

ANGIER'S EMULSION

is a most useful and effective remedy for the treatment of
**COLDS, BRONCHITIS, Whooping Cough and the
RESPIRATORY CONDITIONS**

associated with Measles and Scarlet Fever. It soothes respiratory irritation and relieves congestion. The petroleum oil base establishes proper elimination and guards against the danger of toxic absorption.

ANGIER CHEMICAL COMPANY

Boston, Mass.

To relieve the patient of the infection which he calls "ATHLETE'S FOOT" ... try Absorbine Jr.

ABSORBINE JR. has served so well in relieving cases of interdigital ringworm that doctors, in ever increasing numbers, are recognizing its value. Their judgment in using and prescribing this corrective is amply confirmed by clinical and laboratory tests.

These tests have shown that Absorbine Jr. penetrates flesh-like tissues deeply and that wherever it penetrates it destroys the ringworm organism (*trichophyton rosaceum*) which has infected the feet of a great number of our population. In fact, an official



report states that "at least half of all adults suffer from ringworm (of the feet) at some time."

If you have never had experience in the use of Absorbine Jr. we will be glad to send you a sample with our compliments. At all druggists—\$1.25 per bottle. Just use the coupon below. W. F. Young, Inc., Springfield, Mass.

A FAMOUS LABORATORY SAYS:

"Absorbine Jr. in our tests, completely inhibited growth of the ringworm organism . . . and is harmless to tissues."

Absorbine Jr.

FOR YEARS HAS RELIEVED
SORE MUSCLES, MUSCULAR
ACHES, BRUISES, BURNS,
CUTS, SPRAINS, ABRASIONS



W. F. Young, Inc., 207 Lyman St.
Springfield, Mass.

Gentlemen: Kindly send me a sample of Absorbine Jr. without obligation

Dr.

Address

...e, industrial surgeon, are only a few of the agencies that are replacing the obsolescent family physician with his intimate knowledge of his patients. The actual need of such information as he possessed can be supplied only by permanent health records and the necessary guidance of the and injured can be furnished only by a health service, which keeps enough men in general practice adequately to minister to the people, and regulates the specialties.

Whereas, therefore, the increasing disorder in medical practice threatens to destroy or render futile the diminishing personal relation between doctor and patient, State Medicine patterned upon the Naval Medical Corps would retain as much of as possible under the changes wrought by civilization.

Under the system advocated, accordingly, since the individual physician would necessarily be subservient to the whole, a patient's choice of doctor would have to be restricted. But so it has been for decades for those hard patients who have received operative services from the larger well organized hospitals where the best scientific medicine has been practiced. So it is for those who accept aid from ambulance surgeons, shop doctors, school physicians, and in smaller communities, where competition is absent, from both general practitioners and specialists.

And so it must be from the very nature of modern medicine, founded upon the rapidly growing and expanding sciences, for which team work is the *sine qua non*. Today this freedom to select physician may actually rebound to the detriment of the patient who may not know where to procure the best advice. On account of the gregariousness of man this selective privilege has been responsible, according to estimates of drug salesmen calling upon physicians, for about twenty per

HASLAM

Headquarters for Rustless Steel Surgical Instruments

(NO PLATING)

All are made from genuine
"STAINLESS" STEEL.

We are the largest manufacturers of this line in the United States.

Also makers of a full line of
Plated Instruments.

For over 80 years Fred.
Haslam & Co. have served
the profession, exclusively
through the surgical trade.

Latest Catalog on Request

FRED. HASLAM & CO., Inc.
83 PULASKI STREET
BROOKLYN, N. Y.

Supplied through Dealers only



MALLOPHONE

In Cystitis and Pyelitis

Deeply penetrating, antiseptic, bacteriostatic, nonirritating, mildly sedative. Administered orally, Mallophone is rapidly but continuously eliminated through the genito-urinary tract. Ideal in the treatment of cystitis and pyelitis.

Literature sent on request.

MALLINCKRODT CHEMICAL WORKS

Med. Dept. 32

Second and Mallinckrodt Sts.,

St. Louis,

PEACOCK'S BROMIDES

It is a fact that the combination of the five Bromides of Potassium, Sodium, Ammonium, Calcium and Lithium presented in a pure and eligible form has decided advantages over the single salts.

The bromide treatment gives better therapeutic results through the use of Peacock's Bromides than is possible with the single salts.

Each fluid drachm contains 15 grains of the purest bromides of potassium, sodium, ammonium, calcium and lithium.

Gentlemen:

Please send me a professional sample of PEACOCK'S BROMIDES.

Dr. _____

Address _____

Samples to Physicians Only

**Peacock's
Chemical
Co.**

*Saint Louis,
Missouri*

ent of the doctors doing about eighty per cent of the work.

A veritable boomerang, it has encouraged on the part of the easy popular practitioners haste, carelessness, and fatigue with consequent inefficiency. It has fostered the practice of the art, the easier phase of medicine, and stifled the scientific or harder. It has nurtured much humbug and nonsense; it has suppressed much truth and honesty.

A blatant protest against the proposed remedy for medicine's ills is the alleged interference from politics. Admittedly entering into the present incomplete public health departments, they hinder the career of the public health doctor rather speculative. Politics, however, play little part in the operation of the Navy, Army, and Federal Public Health Services. Their influence in general would vary inversely as the size of the organization and the degree of its autonomy.

It is evident that politics affect state much less than municipal police departments. If, as recommended, only the head of the service had any political relation to the public, there would be little meddling from laymen. In fact, the progress of scientific medicine would be hampered less by a government service because politicians and laymen would have no occasion to distrust the motives of doctors because of the elimination of the factor of possible personal profit under the prevailing individualistic form of

practice. So, medicine would really gain more than it would lose.

Then there is offered the allegation that State Medicine would pauperize the people. This is mere quibbling. Education is free and universal. Health obviously is more important. Health will not be universal till it is free. Is it fair, moreover, for the self-respecting widow with a precarious equity in her home to pay ten times a reasonable fee because nine parasitic aliens or brazen impostors with bloated bank books pay nothing?

Besides, anything so intangible yet so vital as medical counsel can not be gauged economically. One life may be worth more to society than another. One bit of advice given early may be worth more to the patient than the most spectacular and difficult operation. As an argument against free medicine the asserted pauperizing of the public is not only singularly unchristian but decidedly puerile.

The lack of complete success of the diverse socialized systems of medicine of foreign countries is brought forward by many against the proposed plan. This is, however, fundamentally different from any of them as a whole. An adaptable civilian model is admittedly not available. That is why recourse was taken to that of the Naval Medical Corps familiar to the author under the stress of war time.

To harp upon the inadequacies of the Panel System, German

FOR INSOMNIA

An ideal agent, for the rest it produces is refreshing and is not followed by depression or other disagreeable after-effects.

BROMIDIA

(BATTLE)

With a minimum dosage a full sedative influence is exerted.

BATTLE & CO.

Chemists' Corporation, St. Louis, Mo.

V A P E X

IS A WELCOME

AID TO SLEEP

IN ADDITION to your regular prescription for head colds, you'll find that patients welcome a suggestion to breathe Vapex for relief from distress.

Particularly at night, when a cold keeps them awake, this delightful inhalant helps to clear the head and to prevent excess formation of mucus; and thus by alleviating distress to induce slumber.

Its simplicity of use and its effectiveness in nearly all cases of minor nasal ills will recommend themselves to you. It is applied to the handkerchief during the day and at each end of the pillow at night—the vapor retaining its strength for many hours. A few deep breaths usually bring an appreciable diminishing of congestion and inflammation.

Also, Vapex because of its safety can be used for children. And it is a notable fact that most of the children really like to breathe its delightful vapor. Laboratory tests have proved that Vapex is non-toxic and can be tolerated by every one.

A complimentary bottle of Vapex will be sent to any physician who requests it on his prescription blank.

V A P E X

Reg. U. S. Pat. Off.

E. FOUGERA & CO., Inc., 75 Varick Street, New York City.
Distributors of Medicinal Products Since 1849.

Sickness Societies, the Russian, Austrian, or Cuban system is to evade the real issue. As a matter of fact not one is likely to be abandoned, though they all may eventually be modified. The Naval Medical Corps as well as the Army is entirely satisfactory for its purpose, which is to keep the personnel fit for duty and to restore them promptly to fitness for duty.

Civilians have begun to appreciate health and vigor. In their increasing sociological interdependence their medical requirements differ little or none from those of a naval or military body. Everyone unable to engage in his regular vocation on account of illness or injury should be entitled to an immediate medical examination. Though everyone does not require an annual physical examination, he does need to know whether he is medically fit to assume a new occupation. Those of certain ages and conditions require overhauling more often than annually. In general the more rational the indications for medical attention, the more intelligently and diligently will it be rendered.

The Naval Medical Corps has long furnished the kind of service for which the public is now clamoring. For many years, among our chief executives, only President Harding, who died nearly 3000 miles from the White House, failed to accept the services of the Navy or Army Medical Corps. Congress appears to be satisfied with them. For the people, themselves, the best is surely none too good.

The expense of this medical service is declared to be prohibitive. Whatever the initial cost, it could hardly be as expensive as the present multifarious and manifold health activities, independent and competitive, incomplete and unbusinesslike. Modern methods have progressively reduced costs in general, they would accordingly reduce those of medical care. Eventually, however,

A Dependable Prescription For Feminine Hygiene



*No product for feminine hygiene
has the merit of MARVOSAN*

MARVOSAN possesses high antiseptic potency. Its most important ingredient, Oxyquinolin sulphate (C_9H_7ON) $_2H_2SO_4$, is intensely powerful, yet it is absolutely harmless and non-irritating to the mucosa. Incorporated in a water-soluble jelly of a starch-glycerite base, it forms a safe, efficient vaginal antiseptic.

Physicians also prescribe our "L.A.J." (Lactic Acid Jelly—Cooper). Send for literature.

FREE sample and literature of Marvosan sent on request.

TABLAX COMPANY

294-6 East 166th Street, New York, N. Y.

Head Colds!



FREE TUBE—

We want you to prove to yourself the advantages of ephedrine hydrochloride exhibited in our water soluble jelly base. Efedron quickly relieves nasal congestion. Patients appreciate the quick, sure, results.

*Send for Free
Tube—TODAY*

Hart Drug Corp.,
35 S. W. 2nd St., Miami, Florida
Send me trade size tube
Efedron FREE.

M.D.

COLD WEATHER DISEASES

During the coming fall and winter months, you will be called upon many times to prescribe for diseases of the respiratory organs.

In IODOTONE, a glycerole of hydrogen iodide, you have a remedy for colds, coughs and other respiratory ailments. In MYODINE, a new form of iodine, you have a remedy for tonsillitis, laryngitis and other throat diseases. In PHOSPHORCIN, a reconstructive tonic, you have at your command a tonic to fortify the system against the inroads of respiratory diseases.

These three remedies are being used by many other physicians and we want you, too, to become acquainted with them. Send for liberal samples of any or all of them.

EIMER & AMEND

Est. 1851

Inc. 1897

Third Avenue, 18th to 19th Street

NEW YORK

COMPLETE ALKALINITY

For hepatic and digestive sluggishness, uric acid diathesis, and obesity with constipation, Carlsbad Sprudel Salt is the superlative, *completely alkaline* aperient and alternative. Seventy thousand patients yearly enjoy the benefits, under medical supervision, of the hot, radio-active mineral springs at world-famous Carlsbad. Patients in the United States who cannot sojourn abroad may, nevertheless, utilize the *original* imported concentrate. Carlsbad Sprudel Salt is the pure salt obtained by evaporation from Carlsbad Water at the spa itself. It contains all the beneficial properties which have made the mineral water medicinally renowned.

When prescribing a three or four weeks' course with Sprudel Salt, *always specify the original.*

ACCEPT NO SUBSTITUTE



CARLSBAD PRODUCTS CO., Inc.
1071 Sixth Ave., New York City
(Sole agents, for the United States)

Please send me generous bottle of the original Natural Carlsbad Sprudel Salt for clinical use; also descriptive literature, with chemical analysis.

M. B.

the main factor in the reduction of the cost would arise from the emphasis of prevention over cure, which is dependent essentially upon the elimination of financial considerations and distractions and upon the accessibility of medical services.

Finally there remains to be refuted the mere cat calls, that it is socialistic, bolshevistic, and paternalistic. Without the family doctor, to what can the benighted and distressed patient hopefully appeal but to a service?

Health has already become a matter of public moment. Almost every other nation has found it

so. Though not one has solved the problem satisfactorily, the puerperal mortality of some foreign countries would favor their maternity systems, even though midwives predominate.

Back in 1916 at a conference of various agencies interested in medical welfare it was the almost unanimous opinion of those present that the socialization of medicine was imperative. It is, therefore, quite evident that in the present stage of our country's growth the only solution to the urgent problem of adequate and timely medical care is the need of a universal public medical service founded upon that of the United States Navy.

Speaking Frankly

[FROM PAGE 7]

learn what has helped him to rise above the majority.

He should study how not to neglect those factors, or he will, in all probability, find in another five years that he is slipping. Let him carefully and constantly correct all possible faults and watch his practice grow in quality and in numbers. He may "know his stuff" as far as diagnosis and treatment go but if he fails to keep up appearances and is careless on the business side of medicine, he will slip and eventually will be among that rather large class of physicians who are always complaining of being ill-used.

A complaining doctor is almost always a fellow who hasn't made good. You may point out where he has fallen down but I have yet to see one who will turn

over a new leaf and pay attention to all the essentials.

I know a few men who are on their tiptoes, do good work, do charity when it is deserved, but never allow imposition on their time or knowledge, collect promptly and live comfortably.

They do not write their grievances for they know if things are wrong, it is their fault and they strive to correct it. Wish I had realized all this thirty-five years ago!

Your magazine is a great help to those who read to learn. But the failures make us all weary. C. L. Felt, M.D.

Weeding

TO THE EDITOR: In Lakeland, Florida, more than thirty professional men, including dentists, optometrists and all classes of ethical practitioners, have formed an association known as the Professional Men's Association of Credits and Rating.

In a city of only twenty-five thousand this association is working wonders in weeding out deadbeats and undesirable

CITRIN CAPSULES

(REGISTERED TRADE MARK)

INDICATED in the treatment of High Blood Pressure.

NATURE OF DRUG: A Glucoside from Watermelon seed.

PHYSIOLOGICAL PROPERTIES: A vasodilator slow in action, prolonged in effect. Non-toxic, non-cumulative and shows no tolerance.

TABLE ROCK LABORATORIES, Inc.
Greenville, S. C., U. S. A.

Samples and Literature
on Physician's request.

Cystogen

for Urinary and Internal Antisepsis

CYSTOGEN, (pure methenamine) is a clear crystalline salt with a slightly sweet, pungent taste. In contact with acid, it liberates germicidal formaldehyde, yet the action is entirely non-irritating and harmless to body tissues.

CYSTOGEN is used with gratifying results in the treatment of infections of the urinary tract, including pyelitis, cystitis, urinary infection from calculi, urethritis, etc.

*Literature and samples
gladly sent on request.*

CYSTOGEN CHEMICAL COMPANY

220 36th Street,
Brooklyn, N. Y.

Gentlemen: M.E. 11-31
Please send literature and
samples of CYSTOGEN.
Dr. _____
Address _____
City and State _____

drifters. In the past six months it has collected a number of past-due accounts over five years old.

Each physician and dentist pays a small monthly fee toward the maintenance of a downtown office. A complete record of every debtor is kept in steel files. Collections have grown to 76% above oldtime methods.

There is issued monthly a credit rating report giving the names and addresses of over four thousand people living in Lakeland. "A" pays cash; "B" is good pay; "C" fair pay; "D" can't collect; "E" owes two or more different doctors; "F" dead beats. This report is on loose leaf typewritten pages, sixteen names to a page.

There is never a letter leaving this office that would offend anyone. They are friendly, but firm. Almost every one in Lakeland knows that it is useless to drift from one doctor to another trying to avoid payments.

E. V. Bishop, Secretary.

Anarchy

TO THE EDITOR:

I have long thought of the evil of the present mode of stock market and floor trading as being responsible for many evils of the present day financial trouble.

The present crisis in the stock market is still fresh in the minds of all. By the psychology of fear and lack of public confidence, the resources of the nation have been restricted in a few months to the staggering amount of over 20 billion dollars worth of credit. What could be expected other than depression and restriction in business of all classes? Add to this shrinkage the equally large amounts of other nations under practically the same circumstances; is it anything less than a miracle that anarchy does not prevail?

Take for instance a certain stock of good intrinsic value selling at a certain figure, being used by an owner as collateral at his bank. During a concerted drive against this stock by floor traders of the stock exchange, it drops 8 or 10 points. His bank is apt to call for additional security to keep it in a safe position. This may be very inconvenient to the borrower whose stock is up as collateral to make good the shrinkage, and upset his financial business program, thereby reducing the business extensions in his line.

On the other hand, the stock of the corporation in question suffers in prestige whereby certain contracts about to be taken or let by the corporation are withheld on account of timidity in their prospects dealing with said company.

The machinery and psychology of the stock exchange as it is developed today is entirely too sensitive for business stabilization and affects too great an area. For instance, if a stock selling at a normal value of a corporation in the East should be suddenly thrown on the market without bidders, the price would be cut possibly 10 or 20 points less in San Francisco, this would immediately establish a price over the ticker to the whole nation.

What would this do to other stock-

holders? Frighten them into selling of course, but suppose the owner in San Francisco sold his 100 shares or more over the counter at his bank at 20 points below the last normal sale without immediate publication over a ticker. It would cause little or no fear as the sale would be listed as a forced sale by the owner in publications of sales on that day the following day. In other words all stocks and bond transactions should be made over the counter of the bank where the owner deals, to buyers for cash or under other circumstances that are agreeable to the seller and purchaser. This would eliminate the broker and use the bank as a medium of exchange in concluding the transaction.

True, this might slow up large financing in large denominations but suppose it did, business would be exempted from the financial inflations and depressions experienced every few years under existing stock exchange manipulations.

Large financing could be handled largely through localities wherein the corporation exists the same as small business is financed at present. It might require super-banks as they now exist to handle many corporations but the manner of handling a large volume could be arranged with banks handling securities of those corporations.

Then too, the financial standing and value of corporation stock could be more thoroughly known and would fluctuate within moderate bounds, thereby eliminating large excursions in price movements due to manipulators and speculators. Therefore stocks and bonds not being governed entirely by floor traders posting or depressing prices or false rumors and short selling.

As the stock exchange exists today, it is far worse than gambling which we know is illegal.

H. R. Faringer, M.D.

Finance Plan TO THE EDITOR: The opening statement in the article entitled, "Finance Plan, Does It Belong in Medicine?" (October MEDICAL ECONOMICS) to the effect that the medical finance balloon is leaking and is about to descend, appears to be so unfair to those who are seeking to help the physician in solving his financial problem, that one of our clients has requested an opportunity to present the other side of the case.

A careful perusal of the article reveals an interesting and significant fact that some of the arguments have been gathered from bankers operating personal loan departments. We are wondering how many of these same bankers, who are so quick to criticize medical finance plans, are willing to loan money to doctors in hard straits during the present economic depression—doctors who would be obliged to ask either friends or relatives to help them borrow money going on the former's notes.

For your information, there are many idealist doctors; they are idealists and friends of humanity, but thousands of doctors are coming to them with pleas accept payment over an extended

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THIS combination contains .065 gram, (1 grain) Purified Bile Salts, .033 gram, (½ grain) of Extract of Cascara and Phenolphthalein. Indicated to relieve constipation and its secondary factors.

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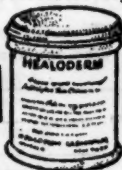
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period. We should like to know how our banking friends would regard these receivables "in the making," and how much they would advance the doctor on his note on the basis of actual service performed for his patient.

You say, "the doctor only gets part of the fee on the spot, and a little more when the patient pays up, but never the full fee; there is always a cut for the finance company." Would the doctor be in a more favorable position if he were obliged to wait over a long period of time for his fee, from a patient who has honorable intentions but who might feel that the doctor could be held up in favor of some other creditor? Is not the doctor in a more sound and stronger position financially, if he is able to get part of his money at once, leaving the details of payment and credit to a well organized and financially reliable company which will handle the patient fairly and at the same time safeguard the interest of the doctor?

Your reference to the unwillingness of the doctor to offend the good-paying patient, is well taken, but the finance plan does not apply to patients of this type. Think of how many such patients a doctor encounters in these times of depression! The plan is not limited to any class of patients; it merely provides those who are temporarily short of funds, but whose earning power has been unimpaired, to receive treatments and pay for them in a dignified manner.

You remark, "If the patient is going to sign a note at all, why not a note to the physician, instead of a note to a third party, bearing the physician's endorsement?" What in the world would the physician do with such paper? He certainly cannot discount it in the bank, unless he establishes a line of credit and submits a financial statement! Do you realize that thousands of business men in this country are unable, at the moment, to secure accommodations because of the absolute reluctance on the part of banks to extend credit save where gilt edge collateral is offered?

You mention: "the doctor could afford to give his patient 10% discount for paying cash and still be 10% ahead." Do you want to put the doctor in the undignified position of a mere trader who quibbles with his patient by offering a cash inducement? The patient who is

able to pay cash, is hardly in a frame of mind where he would invite an offer from an ethical physician for a reduction of fee, because of a discount. In other words, if a patient desiring treatment, has \$90.00 in cash to pay, he will certainly not be averse to paying an additional \$10.00, assuming the total fee to be \$100.00.

You continue: "For what he pays the finance company in discounts, the doctor could afford a higher-powered secretary to handle the entire business side of his practice, to bring patients tactfully to a credit understanding outside of the consultation room, and to follow up the collection afterwards." As a matter of fact, it is difficult for a secretary to handle the accounts of a physician because she assumes an idealistic attitude toward the patients, which is often in conflict with the practical interests of her employer.

In conclusion, you point out that the finance plan for doctors opens the door to a "whole new series of rackets." Such a statement is eminently unfair. To be sure, every business has its "racket side," but it does not follow that organizations composed of responsible individuals cannot take care of a doctor's financial requirements, honestly and understandingly, and with no desire to deprive the physician of what he is justly entitled to, under reasonable circumstances.

You would not condemn a whole city if there were a few rascals in the community. You surely should not, with one wave of the hand, attempt to destroy an idea that is not without its ideal and is intended at the same time to meet the practical consideration that every physician must face, in maintaining himself in the community.

A. M. Gordon,
Treas., Professional Advertising
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Sunset

TO THE EDITOR: The profession of medicine and its allied sciences—dentistry and pharmacy—have no pension fund, and but for the joyous memories of the services rendered to humanity, the sunset of the lives of a good majority of our professional group is not a happy one to contemplate.

The recent survey of MEDICAL ECO-

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INTESTINAL toxemia is frequently met with in cases of hyperpiesis. This toxic condition reduces the capacity of the liver to anabolize certain nitrogenous wastes and the resulting accumulation raises blood pressure.

When hyperpiesis exists in these cases, patients may have few manifestations usually associated with it. All, however, have one common characteristic—constipation—which is the cause of the toxemia.

Many physicians have found Sal Hepatica the most beneficial preparation in correcting intestinal toxemia. Even for protracted treatments it can be prescribed regularly without causing tolera-

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NOMICS regarding the income of the medical group (and what is true of this group is also true of the other two groups) is a matter that should give some concern to the average practitioner.

In the life of each practitioner there is always the urge to do something in the matter of investments, aside from life insurance, to provide for the later years when overtaken by age, competition, etc., to make life more worth while living.

It is for this reason that the professional group is such a fertile field, and becomes the victims of the "get-rich-quick" schemers. Millions of dollars are lost annually by our group through the naivety and persuasiveness of the schemers, and millions more will be lost in the years to come in spite of the many warnings in this and other periodicals. The physician never has been, and never will be, a coldly calculating business man.

From time to time on the pages of this magazine are suggestions as to the several types of good investments that would prove profitable to our group. How many have taken advantage of these suggestions I do not know, but I am inclined to believe that, as with myself, the amount available for the purchase of these investments is so small that the suggestions often go unheeded.

I believe, however, collectively our group can well take advantage of these suggestions, and hence the reason for this article. I trust, therefore, that the following plan will have some appeal and I can see no real reason why it should not work.

The Plan:

If a club, say of 100 members, will pledge to contribute \$10 per month for a period of five years a very substantial working fund would be available each month with which to buy such securities as are suggested from time to time.

If this plan is properly managed I am confident there would be no regrets, and its possibilities are enormous. The function of the organization is not to gamble, but to secure such stocks and other securities as would yield a substantial profit.

Now as to organization:

1. It should have a suitable name.
 2. Officers: President, Secretary, Financial Advisor, Treasurer, Assistant Treasurer, Board of Directors.
- President—To be a member of our group to serve without compensation.
- Secretary—To be a member of our group to serve without compensation.
- Financial Advisor—Compensation at a small percentage to be arranged, and for this position I would suggest Merryle Stanley Rukeyser.

Treasurer—Any well known and reliable bank or trust company.

Assistant Treasurer—Member of our group, no compensation.

Board of Directors—One for every 25 members plus the other general officers.

[TURN THE PAGE]

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Membership—Strictly limited to our professional group.

Meetings—Annually except at the direction of the officers.

3. No dividends from profits until end of the first 5-year period.

The full quota of \$600 must be paid in by the end of the fifth year, but any member may pay his full quota prior to that period.

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Members joining after formation of club must pay in full all past payments to make standing up-to-date.

No loans to members or non-members.

Certificates to be issued on completion of quota payments; certificates cannot be sold to non-members (except wives and next of kin) but may be resold to club.

4. Penalties:

No refund to be made for any failure to fulfill quota payments until end of the 5-year period, when the club may purchase the obligation or refund the amount paid in with such interest as the officers direct.

I have purposely made the figures low so that it is within the reach of everyone. I am not unmindful that there are many things to iron out to bring such an organization into being, but I am sure that can be easily done if at least 100 of our group show any disposition to tackle it.

R. Nathan Gordon, D.D.S.

ful acts of licensed practitioners acting for corporations, and actions on the part of the corporations themselves, which are deemed to constitute the practice of medicine illegally by them.

That point or line of demarcation is this: *So long as a corporation merely employs licensed physicians to practice their profession for the corporation's benefit, then the corporation by providing the physical means, that is the buildings, equipment and personnel whereby its employee or agent physicians may carry on the practice of medicine, it does no act in violation of the law. However, the instant the corporation, by means of its corporate name, or otherwise, in any manner holds itself out as practicing medicine in any of its branches, or attempting so to do, or, in not a few states, also as holding itself out as capable of practicing medicine, then the corporation has overstepped its legal rights and may be construed as practicing medicine.*

Maybe this important point may be clarified by a hypothetical illustration. Let us assume that the Smithtown Hospital employs legally licensed physicians, and advertises directly or indirectly. It may lawfully state that its doctors treat thus and so, or use such and such methods. Or it may advertise that its clinical facilities for the treatment of certain diseases are the most

Corporate

[FROM PAGE 13] It must become apparent that a point of distinction or a line of demarcation must exist between the law-

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modern. Or it may give out to the public that its X-ray department is open daily for those desiring examination. Or it may give out that its doctors use Tom Brown's cancer treatment.

All of such statements only allege or claim that the Smithtown Hospital has certain equipment for the care, diagnosis or treatment of human ills; or that its physicians do thus and so; they do not cause the hospital corporation itself to hold itself out as practicing or being able to practice anything.

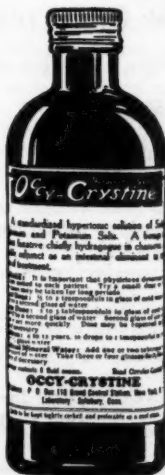
Conversely, if the Smithtown Hospital states that it diagnoses or treats a condition by any manner or means whatever, then it no longer holds itself out to the public as *being merely a place where certain facilities for the diagnosis and treatment of disease by legally licensed physicians are offered, but actually holds itself out as doing acts that*

come within the definition of practicing medicine.

This is a most important line of demarcation to consider before accusing any corporation of practicing medicine.

In connection with the preceding paragraphs the reader must not confuse corporations practicing medicine with collective medical practice in either partnership or corporate form. Physicians may form partnerships; but a partnership unlike a corporation is viewed in law as an aggregate of individuals, rather than as a sort of fictitious person like a corporation. So, too, if a group of physicians collectively practice under a corporate organization; here again so long as each physician holds himself as practicing for the corporation, and the corporation itself, as a legal unit, does not hold itself out as practicing, then they are within their lawful rights. [TURN THE PAGE]

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While from the foregoing it is seen that under no circumstances may a corporation, as a corporation, do any act coming within the interpretation of the medical practice act of any given state, it must freely be admitted that the collective practice of medicine in corporate form is increasing by leaps and bounds.

Personally the writer has grave doubts that those who snap the whip of so-called medical progress desire to interfere with this state of affairs. Indeed, there is every reason to believe that the medical profession itself has built up a medical machine in which the type of practice complained of must necessarily be on the increase in harmony with the scheme of things.

The independent private practitioner of medicine is fast being driven to extremities to preserve his existence—his usefulness has already suffered immensely by clever medical propaganda and lay innuendo.

While not expressing the desirability or undesirability of corporate medical practice in any form, in view of the fact that loud complaints are voiced against such encroachment upon private individual medical practice from different parts of the country, the writer directs attention of the following remedial measures to any medical society, group of physicians, or individual physician who may feel that they

desire to act legally against such medical encroachment:

First of all, in order to make it impossible for corporations to encroach upon the practice of medicine on the pretext of rendering emergency or first-aid service, no stone should be left unturned to obtain exemption clauses which clearly define and concretely limit such service.

Many states have specific clauses in their so-called medical practice laws to the effect that those who aid unlicensed persons in the practice of medicine may have their own licenses either suspended or revoked. These clauses were placed upon the statute books to be enforced impartially against all, whether the offending physician be a member of the medical faculty of an incorporated medical college, an incorporated hospital, a clinic, or whatnot—if he aids unlicensed persons to practice he should not be made an exception, for he is fully as guilty as the physician who aids a corporation composed entirely of laymen to practice.

Corporate medical practice seems to be a sort of bugaboo of the medical profession. However, if it is objectionable, the practical legal remedy lies entirely within the medical profession's own hands. All they need to do is to apply it impartially and fearlessly.

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PINEOLEUM

Reg. U. S. Pat. Off.

Samples and Literature on request.

THE PINEOLEUM COMPANY, Dept. M. E., 52 West 15th St., New York, N. Y.

Medical Bldg. Investment

[FROM PAGE 27] be, on what floor, high or low, what consultants and what laboratories he would like to be near, and the light conditions most favorable to his practice. He knows what rooms he needs, large or small, inside or outside.

Here he should be advised practically about partitions, communicating doors, his entrance and exit. The builder should help him to decide all details of office plumbing—questions of pipes and pressure, the number, character and spotting of fixtures, and installations for hydro-therapy, genito-urinary, and ear, nose and throat work. The same with electrical installations—floor and base plugs, bracket lights, electro-therapy and X-ray equipment.

We provide outlets of adequate capacity to operate all electrical equipment. Then there is the important matter of cabinets for instruments, laboratory work, sterilizing and storage. By systematic co-ordination, and in some cases by use of specially designed equipment, a building can plan a suite that is practically ideal in comfort, convenience and attractiveness.

This is the factor of "follow-through." It stands for the assurance that the tenant will not be hampered in his arduous professional work by worries from which he has the right to be protected. Building management must move smoothly and effectively. Elevator, garage and janitor service must be flawless.


Check this analysis of the ideas and ideals to be embodied in professional building, if you are an investor in one, to make sure that all conditions are being met in such a way as to safeguard your investment.

ERGOAPIOL (Smith)

A non-narcotic agent prescribed by physicians throughout the world in the treatment of

AMENORRHEA,
DYSMENORRHEA, ETC.

Ergoapiol (Smith) is supplied only in packages containing twenty capsules.

As a safeguard against imposition, the letters "M H S" are embossed on the inner surface of each capsule, thus 

Dose: One or two capsules three or four times a day

Literature on Request

MARTIN H. SMITH COMPANY, New York, N. Y., U. S. A.

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